VA Maryland Health Care System (VAMHCS)

Clinical Psychology Fellowship Training Program

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The VAMHCS Clinical Psychology Postdoctoral Fellowship Program is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit is anticipated in 2024.

Questions related to the accreditation status of the various tracks should be directed to the American Psychological Association Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
(202) 336-5979; Email: apaaccred@apa.org

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INTRODUCTION

The Department of Veterans Affairs has a long and distinguished history of education and training. The VA is the largest provider of psychology training in the United States with robust and comprehensive training for pre-doctoral practicum students, doctoral interns, and postdoctoral fellows. The VA Maryland Health Care System (VAMHCS) has embodied this tradition of education and training, integrating psychology trainees in primary care, inpatient, and outpatient clinics throughout our large health care system. Clinical supervisors are credentialed staff members who incorporate training activities into their daily clinical, research, and administrative duties, giving fellows an immersive and comprehensive experience.

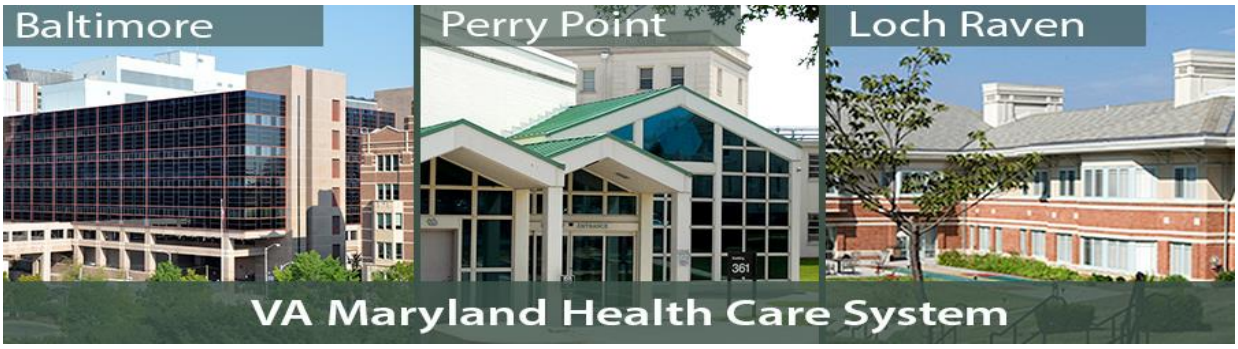
We are presently offering five, one-year Clinical Psychology Fellowships that are accredited by the Commission on Accreditation of the American Psychological Association. The next site visit is scheduled to occur during the 2024 academic year.

- PTSD Emphasis (2 slots)
- HIV/Liver Diseases Emphasis (1 slot)
- Primary Care-Mental Health Integration Emphasis (1 slot)
- Substance Use Disorders Emphasis (1 slot)

COVID-19 Response

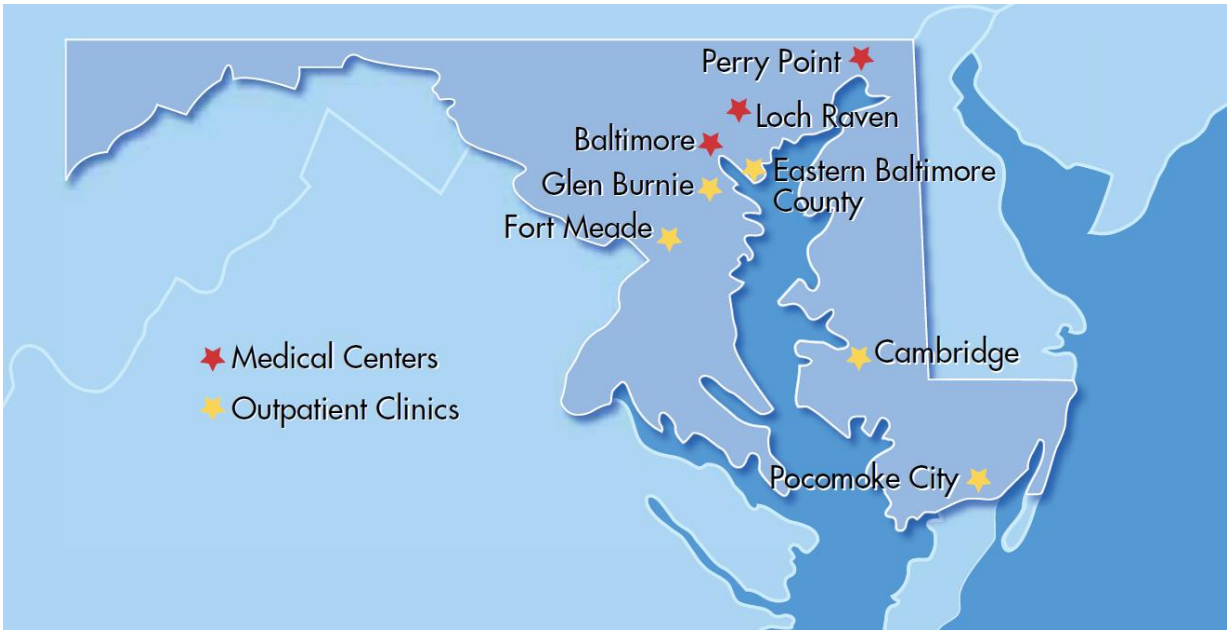
Members of leadership and training staff from the VAMHCS have worked collaboratively throughout the pandemic to prioritize high-quality training in a safe environment. Training has persisted without interruption and in accordance with local and national guidance (e.g., from APA, APPIC, and VA Office of Academic Affiliations-OAA). During the 2019-2020 training year, fellows transitioned to virtual training in mid-late March of 2020. A comprehensive "teletraining" plan was implemented for each fellow that included individualized teletraining goals and a coding system to track telesupervision and adherence to program competencies. All fellows gained experience in the provision of telehealth. The 2019-2020 fellowship cohort fully satisfied core program requirements and completed the program virtually.

For the 2020-2021, 2021-2022, and 2022-2023 fellowship cohorts, individualized training plans were developed in collaboration with each fellow. Several factors were considered in creating plans (e.g., fellowship emphasis, training goals, personal circumstances, relevant guidance, specific clinical settings and safety procedures/protective equipment, etc.). The VAMHCS Psychology Training Committee ensures that training plans are aligned with fellowship emphasis and broad programmatic requirements. All fellows have been provided government furnished equipment (e.g., laptops, mobile devices) to support remote training and the provision of telehealth, as well as resources needed for on-site training. Fellows presently have hybrid schedules, with the specific proportion of remote vs. on-site time varying on account of fellowship emphasis and training plans. For on-site work, there are screening policies and all individuals are required to wear personal protective equipment provided by the institution (PPE; e.g., surgical masks, eye protection, etc.). At this time, vaccination for COVID-19 is required for all fellows unless individuals seek a medical or religious exemption. For the 2023-2024 fellowship training year, determinations about training setting (e.g., virtual, in-person, hybrid) will be based on the status of the pandemic, VAMHCS policies, guidance from APA, APPIC, & OAA, and the safety and well-being of trainees, staff/faculty, and Veterans. We are committed to providing expeditious and transparent communications regarding any changes impacting current and/or incoming fellows.



Clinical Settings

Fellowship training occurs at facilities throughout the Veterans Affairs Maryland Health Care System (VAMHCS). The VAMHCS is a dynamic and progressive health care organization dedicated to providing quality, compassionate, and accessible care and service to Maryland's Veterans. Additionally, Veterans from across the country are treated in our specialty residential clinics. The Baltimore, Perry Point, and Loch Raven VA Medical Centers, in addition to six community-based outpatient clinics, all work together to form this comprehensive health care delivery system. Nationally recognized for its outstanding patient safety and state-of-the-art technology, the VAMHCS is proud of its reputation as a leader in Veterans' healthcare, research, and education.



Baltimore VA Medical Center: The Baltimore VA Medical Center is located in a vibrant city neighborhood on the campus of the University of Maryland at Baltimore (UMB) and is within walking distance of Oriole Park at Camden Yards, M&T Bank Stadium, Lexington Market and the Inner Harbor. The Baltimore VA Medical Center is the acute medical and surgical care facility for the VAMHCS and offers a full range of inpatient, outpatient and primary care services, as well as a number of specialized programs and

services, including integrated mental health in primary care programs, a women Veterans evaluation and treatment program, health psychology and treatment for chronic pain, inpatient and outpatient mental health care services, and an intensive outpatient substance abuse detoxification and treatment program. Three blocks from the medical center, the Baltimore Annex offers outpatient mental health programming in the following specialty areas: trauma recovery, neuropsychology, and psychosocial rehabilitation and recovery.

Perry Point VA Medical Center: The Perry Point VA Medical Center is located about 45 minutes north of Baltimore on a beautiful campus of approximately 400 acres on the banks of the Susquehanna River and the Chesapeake Bay. It provides a broad range of inpatient, outpatient, and primary care services and is a leader in providing comprehensive mental health care to Maryland's Veterans. There are a total of 357 operating beds. The medical center offers recovery-focused residential and outpatient mental health and substance abuse care, including the following specialized treatment programs:

- Mental Health Intensive Case Management
- Outpatient Mental Health Clinic
- Primary Care-Mental Health Integration (PC-MHI)
- Veteran Whole Health
- Psychosocial Rehabilitation and Recovery Center
- Community Living Center/Geropsychology-Neuropsychology
- Posttraumatic Stress Disorder (PTSD) Outpatient Program
- PTSD Models of Accelerated Service Delivery (MASD) Intensive Outpatient Program
- Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)
- Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
- Domiciliary Residential Treatment (for Homeless Veterans)

Loch Raven VA Medical Center: The Loch Raven VA Medical Center specializes in providing inpatient, outpatient and primary care services. There are a total of 120 operating beds. As a leader in providing rehabilitation and skilled nursing care, the medical center coordinates the delivery of rehabilitation services, including physical therapy, occupational therapy, kinesiotherapy and recreation therapy, to achieve the highest level of recovery and independence for Maryland's Veterans. The center also provides hospice and nursing home care to Veterans requiring non-acute inpatient care, in addition to offering specialized assistance for patients with Alzheimer's disease and other forms of dementia.

Community Based Outpatient Clinics (CBOCs): Each of our CBOCs provide primary care and limited specialty medical care services. Every CBOC offers Primary Care-Mental Health Integration (PC-MHI), telemental health services, as well as specialty mental health services. Some of the larger CBOCs provide PTSD and Substance Use Disorder services.

- Cambridge VA Outpatient Clinic
- Eastern Baltimore County
- Fort Meade VA Outpatient Clinic
- Glen Burnie VA Outpatient Clinic
- Pocomoke City VA Outpatient Clinic

Fellowship Track	Primary Training Sites
Clinical Psychology, PTSD Emphasis	Baltimore VAMC, Perry Point VAMC
Clinical Psychology, PC-MHI Emphasis	Baltimore VAMC + Another VAMHCS site with a Primary Care Clinic such as the Perry Point VAMC or Fort Meade CBOC
Clinical Psychology, SUD Emphasis	Baltimore VAMC
Clinical Psychology, HIV/Liver Diseases Emphasis	Baltimore VAMC

Demographics, Characteristics, and Size of Population Served: In 2022, the VAMHCS recorded >665,000 separate outpatient encounters, with over 54,000 unique Veterans served. Of Veterans who received mental health care, the demographic characteristics were approximately: 49% White, 49% Black/African American, 1% Asian/Pacific Islander, and 1% Hispanic/Latinx. Roughly 85 percent of these Veterans identified as male, but with an increasing number of Veterans who identify as female receiving care as well. Approximately 65% of Veterans served are above age 55. The sheer volume of Veterans treated across the variety of clinics ensures that fellows are exposed to Veterans who range in age across the adult spectrum, and who represent various racial and ethnic backgrounds, gender identities, socioeconomic statuses, sexual orientations, and military affiliations and experiences. Currently, Veterans from a variety of service eras (e.g., World War II, Korean, Vietnam, Persian Gulf) are represented, with the highest proportion from Vietnam, post-Vietnam, and Persian Gulf eras. Fellows encounter a spectrum of degrees of complexity in presenting mental health and medical problems of Veterans served and with enough frequency to establish sound baseline knowledge of a variety of psychological phenomena.

Clinical and Research Innovation

Fellows are exposed to clinical and research experiences within numerous centers at the VAMHCS. The annual total research funding for the VAMHCS in 2022 was $22,100,000 with >300 projects, including >60 supported by VA Merit Awards. Having several robust research programs enhances the ability to provide state-of-the-art health care services while providing high quality scientist-practitioner training to fellows.

The VAMHCS is home to the following specialized clinical and research centers:

1. ***Epilepsy Center of Excellence*–** focus on improving the health and well-being of Veterans with epilepsy and other seizure disorders through the integration of clinical care, outreach, research, and education
2. ***Geriatric Research, Education and Clinical Center*(GRECC)-** focus on promoting health and enablement models in older Veterans living with disability
3. ***Mental Illness Research, Education and Clinical Center (MIRECC)* –** focus on supporting and enhancing the recovery and community functioning of Veterans with serious mental illness through research, education, clinical training, and consultation

4. ***Multiple Sclerosis (MS) Center of Excellence – East (MSCoE East) –*** focus on understanding multiple sclerosis, its impact on Veterans, and effective treatments to help manage physical, cognitive, and psychological symptoms

Role of Psychology

VAMHCS Psychology Mission Statement:

Psychologists honor and serve America's Veterans and their families through psychological services, research, and education. We recognize each individual's strengths, needs, abilities, and preferences, as we collaborate to optimize well-being and recovery.

The Mental Health Clinical Center is the largest Clinical Center within the VAMHCS and it is organized into five service lines: Recovery Services, Psychological Services, Psychiatric Services, Rehabilitation Services, and Outpatient Services. Mental health activities are conducted at all divisions and sites across the VAMHCS; psychologists serve in leadership roles within the service lines. The VAMHCS employs >100 psychologists. Jade Wolfman-Charles, Ph.D., is the Chief Psychologist and leader of the psychology service; she is responsible for the overall management of psychologists serving in the VAMHCS and assures professional integrity and competence in practice. She also serves on the Steering Committee of the VAMHCS/University of Maryland, Baltimore (UMB)-School of Medicine Psychology Internship Consortium and serves in an oversight role for all levels of psychology training.

The training environment in the VAMHCS offers both depth and breadth of clinical experience. The VAMHCS and the UMB School of Medicine Department of Psychiatry support medical residency training across specialties, research training fellowships in clinical service and basic science, training programs in allied health professions (e.g., social work, nursing, and rehabilitation services), health services research, and multiple training programs in Psychology. In 2022, the VAMHCS trained over 1100 individuals from a variety of programs including undergraduate medical education, graduate medical and dental education, nursing, associated health, and advanced fellowship training programs. Psychology and related disciplines are active participants in medical residency and fellowship training programs providing lectures and grand rounds and assisting in training for social work interns and nursing students that assist clinical programs. There are a plethora of opportunities for fellows to engage with trainees from other health disciplines.

The VAMHCS takes pride in its training programs for psychologists. There are active practica for graduate students in psychology training programs in health, neuropsychology, trauma recovery, substance abuse, women's health, and residential treatment. The Psychology Training Program participates in training of doctoral candidates from area training programs, with an average of 10 externs per year. The VAMHCS also supports an APA-accredited internship training consortium in conjunction with the University of Maryland School of Medicine. In the 2022-2023 training year, 16 interns are participating in the internship and 18 interns are anticipated for the 2023-2024 training cycle. Last, VAMHCS provides postdoctoral training to up to 9-12 fellows annually, across 5-6 Fellowship training tracks (e.g., VISN 5 Mental Illness, Research, Education and Clinical Center Advanced Fellowship, Neuropsychology, Clinical Psychology, etc.).

PROGRAM OVERVIEW

Psychology training programs in the VAMHCS adhere to the scientist-practitioner model. Instruction in assessment, treatment, and research is grounded in current empirical knowledge and practice standards, expert consensus, and guidance from relevant professional organizations to encompass the state-of-the science. The overarching goal of fellowship training is to promote advanced competencies and develop independent psychologists who apply scientific method and knowledge to assessment, education, and treatment. Specific training in assessment or treatment for a particular presenting problem is grounded in research, VA clinical practice guidelines, and expert consensus on that problem. In addition, to foster fellows' development as independent scientist-practitioners, didactics and supervision focus on what it means to function independently as a psychologist in a multidisciplinary hospital setting.

The Psychology Training Program models and instills strong ethical, professional practice, and scholarly values. An emphasis is placed on ensuring that training for psychological services adheres to the policies and procedures outlined by the Department of Veterans Affairs Office of Academic Affiliations (OAA; www.va.gov/oaa/), VAMHCS, American Psychological Association (APA; www.apa.org), and the Association of Post-Doctoral and Internship Centers (APPIC; www.appic.org). The fellowship program adheres to the Implementing Regulations associated with the Standards of Accreditation. As such, structured training approaches and activities are designed to facilitate fellows' attainment of advanced levels of proficiency across all competency areas, in alignment with Minimal Level of Achievement requirements. The program is designed to prepare fellows for clinical careers and leadership in a VA/multidisciplinary health care setting. The training provided meets licensure requirements for the state of Maryland, and all supervisors will be licensed in a jurisdiction and able to certify training hours.

As noted previously, our program adheres to guidance provided by VAMHCS, OAA, APA, and APPIC throughout the COVID-19 pandemic.

Commitment to Diversity

The VAMHCS Clinical Psychology Fellowship Program values and is deeply committed to cultural and other dimensions of diversity and encourages applicants from all backgrounds, including individuals who have often been underrepresented in health care settings such as Black, Indigenous, and People of Color (BIPOC), Veterans, LGBTQIA+, individuals reflecting diverse gender identities, and individuals with disabilities. Our training program does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. Fellows are taught approaches for considering dimensions and intersections of diversity in every aspect of their work (e.g., clinical service delivery, research, program evaluation/development, etc.). Additionally, diversity-focused trainings and didactics occur throughout the training year.

Training Schedules

The VAMHCS Clinical Psychology Fellowship Program is one year and is designed to allow the fellow to gain experience in a specific area of emphasis. Each fellow participates in a combination of direct clinical service provision (i.e., psychological assessment, individual and/or group psychotherapy, clinical consultation, etc.), clinical research, didactics, and training in supervision. The specific number of hours

allotted to each of these training areas varies by fellowship track. For more detailed information, please refer to the track-specific descriptions in this brochure. Fellowship training is full time (40 hours/week) for one training year.

Note: It is expected that fellows will complete the full duration of the training program.

Training Activities

While the VAMHCS Clinical Psychology and Clinical Neuropsychology Fellowship Programs are predominately clinical, all fellowship areas of emphasis include research, supervision, and didactics, as described below. Please see program/track-specific sections for a more detailed description of the training activities associated with each fellowship program/track.

Clinical activities: At least 50% of the fellows' time is dedicated to the provision of clinical services, including psychological assessment, individual and/or group intervention, and clinical consultation.

Research**:** Fellows are expected to be familiar with research that is grounded in current empirical knowledge and practice standards, expert consensus, and guidance from relevant professional organizations to encompass the state-of-the science. Additionally, fellows are provided dedicated time for research activities.

Supervision**:** Each fellow receives a minimum of four hours of weekly supervision, two of which are face-to-face individual supervision (telesupervision in accordance with VAMHCS Psychology Training Program Telesupervision Guidelines permitted amid COVID-19 pandemic) with a licensed psychologist. Staff psychologists with appropriate clinical privileges provide primary supervision to fellows. The supervising psychologist must be identified within the VA electronic medical record (CPRS) and listed as the primary provider for encounters. Fellows should never be listed as the primary provider on any encounter. In addition to co-signing notes entered by fellows, the supervising psychologist must also create an independent note OR an addendum to a note initiated be a fellow

There are opportunities for additional supervisory consultation with psychologists working outside the fellow's typical assignment area. Credentialed clinicians from allied professions and non-staff psychology consultants provide supplemental training expertise. Responsibility for ensuring adequacy of supervision rests with the Fellowship Training Committee, under the leadership of the Director of Training. Supervision broadly adheres to a developmental approach. Fellowship supervisors use various modes of supervision in the training of fellows, including co-therapy, analysis of audiotaped or videotaped sessions, supervisor "shadowing," and "junior colleague." In all cases, fellows work closely with supervisors initially, and then gradually function more independently as their skills develop. As this process of attaining graduated levels of responsibility unfolds, the supervision becomes less directive and more consultative.

Fellows also receive training in the provision of supervision and are provided opportunities to directly supervise junior trainees. As noted, the VAMHCS is home to a large APA-accredited internship program with a typical cohort of 16+ interns each year. The internship offers specialized tracks and/or rotations in PTSD, health psychology, substance use disorders, and neuropsychology, so fellows have ample opportunity to obtain training in supervision of trainees in the same concentration area.

Didactics/Professional Development**:** The VAMHCS Psychology Fellowship Program holds a monthly

professional development group for fellows across all training programs (i.e., VAMHCS Clinical Psychology Fellowship, VAMHCS Clinical Neuropsychology Fellowship, VISN 5 MIRECC Advanced Fellowship) with the goal of preparing fellows for the next steps in their careers. Seminal topics include licensure, career development, preparation of application materials and interviewing approaches, issues related to ethics and diversity, and transition to independent practice. The professional development group also fosters cross-fellowship networking opportunities and peer support for self-care and professional growth. Fellows also participate in a seminar focused on supervision. This seminar is led by the Psychology Training Program Director and includes both didactic elements related to models and methods of competency-based supervision and space for process-oriented discussions regarding receipt and provision of supervision. Additionally, all fellows have the opportunity to participate in a monthly Diversity VTEL Seminar Series covering a range of topics such as: military culture, microaggressions, ageism, culturally responsive supervision, classism, and unconscious bias. Fellows also participate in track-specific seminars, covering specialty area topics (please see Appendix A).

In addition, VAMHCS clinical psychology fellows have the option of participating in didactics offered through the VISN 5 MIRECC advanced fellowship program. There are also a number of intensive trainings and consultation groups in evidenced-based treatments that are offered throughout the VAMHCS and are available to fellows. These include but are not limited to: Cognitive Behavioral Therapy for Insomnia, Primary Care-Mental Health Integration, Social Skills Training, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, and Motivational Enhancement Therapy. Most trainings involve a formal workshop that is facilitated by a regional or national trainer, which is followed by a consultation group to assist in implementation of the treatment modality.

Optional didactic activities and trainings include the University of Maryland Baltimore (UMB) Psychiatry Grand Rounds, VISN 5 MIRECC Science Meetings, and other offerings throughout the year. Attendance at conferences sponsored by the Veterans Health Administration, VA MS Center of Excellence, Walter Reed and Andrews Air Force Base, and/or Defense Centers of Excellence in Psychological Health and TBI (DCoE) is encouraged. Attendance at national conferences, such as INS, ISTSS or ABCT, is also recommended. Fellows are provided frequent communications regarding local, regional, and national training opportunities (e.g., webinars, virtual & in-person conferences, workshops, etc.).

Program Competencies

Upon completion of a VAMHCS Fellowship, it is expected that fellows across training tracks will successfully demonstrate advanced competence in the following:

Level 1 Competencies:

1. *Scholarly inquiry and application of current scientific knowledge to practice:* Demonstrates the initiative and ability to integrate scientific knowledge into professional clinical practice.
2. *Ethics and legal matters:* Demonstrates ability to think critically about ethical and legal matters as they pertain to the professional practice of psychology. Demonstrates increasing competence identifying and addressing ethical and legal matters, as required or suggested by the APA guidelines, state laws, or institutional policies.
3. *Individual and cultural diversity:* Demonstrates an ability to think critically about pertinent cultural and/or other individual differences that might impact the patient's presenting concerns or their ability to engage in treatment/assessment.

Level 2 Competencies:

4. *Professional values, attitudes, and behaviors:* Demonstrates a commitment to the professional values and attitudes symbolic of a health service psychologist as evidenced by a variety of behaviors

5. *Professional communication, consultation, and interpersonal skills:* Demonstrates the ability to effectively communicate with teams of providers, staff, and other stakeholders as it relates to duties performed within the scope of professional psychology. Able to seek out consultation when needed and provide consultation to others in fellow's area(s) of expertise.

6. *Theories and methods of psychological diagnosis and assessment:* Demonstrates an ability to produce thorough and meaningful integrated psychological assessment reports and communicate those findings effectively to patients and others (e.g., other providers, families, etc.).

7. *Theories and methods of effective psychotherapeutic intervention:* Demonstrates an ability to consistently and effectively engage and collaboratively develop intervention goals with patients with a wide range of presenting concerns. Effectively selects, tailors, and delivers appropriate evidence-based (or where appropriate, evidence-informed) interventions.

8. *Clinical supervision:* Demonstrates an understanding of supervision theory and practice. Able to apply supervision principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others.

*Fellows are also expected to demonstrate competence in track-specific goals. Track-specific goals are clearly identified within the competency evaluation measure used for each area of emphasis (e.g., PTSD, HIV/Liver Disease, PCMHI, SUD.

Evaluation Procedures

The fellow will continually be evaluated throughout the training period and formal competency evaluations will be completed by supervisors and reviewed with fellows two times per rotation. Fellows are also asked to provide a self-assessment of the core fellowship competency domains at the beginning and end of the training year; these assessments are discussed in individual meetings with the Psychology Training Program Director. Fellows also complete rating forms for each of their supervisors two times per rotation. The rating forms will be submitted to the Psychology Training Program Director. Trainees are expected to provide informal verbal feedback to their supervisors throughout the training year and following submission of each formal evaluation. The Psychology Training Program Director will compile information from formal evaluations and provide summary data to each staff supervisor periodically. If a supervisor's ratings are low (e.g., rated Unacceptable or Below Expectations), immediate action will be initiated by the Psychology Program Training Director and every effort will be made to maintain the anonymity of the fellow. The nature of the immediate action will be determined on a case-by-case basis.

The clinical psychology fellowship staff will meet at least quarterly to explicitly review the process and success of the fellow in order to best ensure that they are on course to meet or exceed all goals set at the start of the training year and documented in individualized training plans. Open dialogue between the Psychology Training Program Director, Track Coordinator(s), supervisors, and fellow regarding goals, performance, requirements, and suggestions for programmatic modifications is encouraged. If the

training staff deems a change warranted, it will be discussed with the Psychologist Executive and disseminated, as appropriate.

Procedures for due process in case of problematic performance are in place, as are grievance procedures, both for fellows and psychology staff. A copy of these documents may be obtained by emailing the Psychology Training Program Director or by visiting the VAMHCS Psychology Trianing Program website: Mental Health Clinical Center Psychology Training Program | VA Maryland Health Care | Veterans Affairs. Our privacy policy is clear: we will collect no personal information about you when you visit our website. At orientation, fellows are provided a copy of the VAMHCS Due Process and Grievance Procedures document. In the event that problematic performance is identified or a trainee wishes to lodge a grievance against the training program, procedures as outlined in the VAMHCS Due Process and Grievance Procedures are followed.

Multiple sources of data and information will be gathered and reviewed to identify the effectiveness of the program in terms of goals and objectives. Fellows are asked to individually rate components of the program. At the end of the year, trainees will go through an exit interview to thoroughly review the training program and discuss individual components of the fellowship. We hope to continue surveying fellowship alumni on their career trajectory and to rate how well the program prepared them in areas of clinical and research competence.

To maintain good standing and progress satisfactorily through the VAMHCS Clinical Psychology fellowship program, the following MLAs must be achieved:

- 3-Month Evaluation: All competency items should be rated as a 2 or higher. If a competency item is rated as a 1, then a remedial action plan is required for that item.
- 6-Month Evaluation**:** All competency items should be rated as a 3 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.
- 9-Month Evaluation: All competency items should be rated as a 3 AND 50% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial actional plan is required for that item.
- 12-Month Evaluation**:** All competency items should be rated as a 3 AND 75% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

Of note, for areas of emphasis with a single year-long rotation, fellows are evaluated at mid-year (6-Month Evaluation) and at the conclusion of training (12-Month Evaluation). For areas of emphasis with two, six-month rotations, fellows are evaluated at the mid-point of each rotation (i.e., 3-Month Evaluation for Rotation 1 and 9-Month Evaluation for Rotation 2) and the end-point of each rotation (i.e., 6-Month Evaluation for Rotation 1 and 12-Month Evaluation for Rotation 2).

Staff monitor trainee progress towards achieving MLAs throughout fellowship via direct observation as well as supervision activities. Supervisors discuss trainee progress in staff meetings in respective areas of emphasis and across all tracks during quarterly VAMHCS Psychology Training Program Meetings to ensure that a fellow is receiving consistent feedback and provide input to trainees regarding performance throughout fellowship training. If a fellow is at risk of NOT meeting the above outlined

MLAs, they are provided feedback before the formal evaluation period and either an informal or formal performance improvement plan is generated and implemented.

Competency Evaluation Ratings

COMPETENCY RATINGS	
1 –	Trainee does not demonstrate basic competency (below postdoc entry level expectations). Remedial plan required.
2 –	Trainee demonstrates basic competency at the postdoc entry level. Further growth necessary. A remedial plan may be needed.
3 –	Trainee demonstrates an intermediate level of competency. Performance is acceptable, but further growth is necessary.
4 –	Trainee demonstrates an intermediate to advanced level of competency, typical of postdocs at the end of the training year. Performance demonstrates skillfulness.
5 –	Trainee demonstrates consistently advanced level of competence, well beyond that which is expected for postdocs at the end of the training year. Performance demonstrates capacity for independent practice.
N/O –	Not Observed

Requirements for Fellowship Completion

CRITERIA FOR COMPLETION (1-YEAR FELLOWSHIP WITH A YEAR-LONG ROTATION)
[HIV/LIVER; SUD]

6-Month Evaluation: All competency items should be rated as a 3 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

12-Month Evaluation: All competency items should be rated as a 3 AND 75% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

CRITERIA FOR COMPLETION (1-YEAR FELLOWSHIP WITH 6-MONTH ROTATIONS: TRAUMA/ PC-MHI)

3-Month Evaluation: All competency items should be rated as a 2 or higher. If a competency item is rated as a 1, then a remedial action plan is required for that item.

6-Month Evaluation: All competency items should be rated as a 3 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

9-Month Evaluation: All competency items should be rated as a 3 AND 50% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

12-Month Evaluation: All competency items should be rated as a 3 AND 75% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

***Additionally, fellows must remain free of any breaches of APA Ethics Code throughout training.

Stipend, Benefits, & Leave

The term for fellowship is full-time for one year (2080 hours), beginning on or around September 1st and ending around the same date the following year. Please note only the first 2080 hours are funded. Any work beyond 2080 hours is without compensation and fellows are not eligible for overtime or holiday pay. The typical tour of duty is from 8:00 AM - 4:30 PM Monday through Friday and training schedules are designed to be feasible to complete within a 40-hour work week. Fellowship stipends are set nationally by the Department of Veterans Affairs Office of Academic Affiliations within VA Central Office.

The current fellow stipend is $52,140 for the one-year, full-time position. As of January of 2023, the VA Office of Academic Affiliations approved a 12% increase in stipends for postdoctoral residents, starting with the 2023-2024 academic year. Accordingly, the VAMHCS fellowship stipend starting in 2023-2024 will be $58,866. Fellows accrue 4 hours bi-weekly of annual leave (13 days total), 4 hours bi-weekly of sick leave (13 days total) and are entitled to 11 federal holidays per year. Fellows may use up to 5 days of authorized absence to attend activities that promote education (conferences, workshops) and professional development (job interviews, taking the psychology licensing exam); they may also apply for up to $1000 of travel and tuition expenses for training or conference experiences consistent with their training goals, funds permitting. Fellows are eligible for federal health insurance. Fellows are also eligible to participate in the Employee Assistance Program with services provided by Federal Occupational Health (FOH), a component of the Program Support Center within the U.S. Department of Heatlh and Human Services. FOH consists of a network of 22,000+ providers across the country and not affilaited with VAMHCS or the VAMHCS Psychology Trianing Program. There is ample public transportation to the Baltimore VA Medical Center, and fellows can utilize a transit reimbursement program if they choose to use public transportation. Parking is not provided but is available downtown in for-pay parking garages. Parking is provided at the Perry Point and Loch Raven VAMCs. Free shuttles are available to transport fellows between VAMHCS sites.

Facility & Training Resources

The VAMHCS Psychology Training Program has a full-time program support assistant, Mr. Jovan Bess (Jovan.Bess@va.gov; 443-421-6322), who oversees a variety of administrative and technical tasks (e.g., tracking fellow forms and evaluations, entering data, placing requests for hiring actions and VA network and electronic medical record access, etc.). Additionally, there are other administrators within the VAMHCS Mental Health Clinical Center, such as the Mental Health Business Manager, who provide administrative and budgetary guidance to the VAMHCS Psychology Training Program. Fellows will have access to on-site work spaces equipped with technology needed to perform training activities. All fellows will have VA network access, VA email accounts, and access to the VA electronic medical record system (CPRS). Additionally, fellows will be provided government furnished equipment such as a desktop and/or laptop, digital audio recorder, webcam, as well as a VA mobile device to support clinical service and other training activities. Fellows will also have access to software for data analysis and audio recording. Local and national VA technical support is available to fellows as needed.

Local Information

The VA Medical Center in downtown Baltimore is located on the West side of the city about 4 blocks from Camden Yards and Ravens Stadium. We are in walking distance of the Inner Harbor, the Hippodrome, the Walters Art Museum, and various historic landmarks. Baltimore has an active live music scene, interesting neighborhoods with unique shopping, and a vital downtown arts program (www.baltimore.org & https://livebaltimore.com/). The surrounding area offers access to the Shenandoah Mountains, a variety of National and State Parks, and various historic sites. The Baltimore VAMC is a 40-minute drive from downtown Washington, DC.

APPLICATION PROCEDURES

Applications due: December 30th, 2022

Fellowship Tracks *(all accredited by the Commission on Accreditation of the American Psychological Association. Next site visit is scheduled to occur during the 2024 academic year*)

- Clinical Psychology, PTSD Emphasis
- Clinical Psychology, Primary Care-Mental Health Integration Emphasis
- Clinical Psychology, HIV/Liver Diseases Emphasis
- Clinical Psychology, Substance Use Disorders Emphasis

***All fellowship tracks will be adhering to the Association of Psychology Postdoctoral and Internship Centers (APPIC) Postdoctoral Selection Standards and Common Hold Date (CHD). We will extend offers to top-ranked applicants upon completing interviews and ranking all applicants for each fellowship position. Offers are considered binding until 10:00 AM EST on the CHD of February 27th, 2023. For a comprehensive overview of the selection standards and CHD, please visit: Postdoctoral Selection Standards (appic.org) and/or review the APPIC Application and Selection PowerPoint available here: Postdoc Selection PowerPoint (appic.org). Finally, a spreadsheet to assist applicants in tracking information about programs that they are considering can be found here: ApplicantSpreadsheet.xlsx (live.com).

Eligibility Requirements

All applicants must have 1) received a Doctorate from an American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) accredited graduate program in Clinical, Counseling, or Combined Psychology program. Individuals with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible; 2) completed an APA or CPA-accredited internship program or have completed a VA-sponsored internship; 3) are required to have completed graduate coursework and their dissertation by the fellowship start date.

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. Fellows are health professions trainees (HPTs) and are appointed as temporary

employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director, Dr. Dux, will provide you with the information you need to understand the requirement and reasons for the requirement in a timely manner.

Applicants are encouraged to review the eligibility checklist for VA Health Professions Trainees provided by the VA Office of Academic Affiliations: Am I Eligible? Checklist for VA HPTs.

Outlined below are the requirements that will apply prior to VA appointment:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.

3. **Selective Service Registration.** Applicants who were noted as male on their birth certificate, regardless of current gender, and born after 12/31/1959 must have registered for the Selective Service by age 26 (and provide proof of registration) to be eligible for U.S. government employment, including selection as an HPT. For additional information about the Selective Service System, and to register or to check your registration status visit https://www.sss.gov/.

4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: http://www.archives.gov/federal-register/codification/executive-order/10450.html.

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below. For more information, please review the document linked here: VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees.

6. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). For post-graduate programs, this process must be completed by the VA Training Director. Your VA appointment cannot happen

until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit https://www.va.gov/OAA/TQCVL.asp

a. **Health Requirements**. Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy: https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html. This protects you, other employees and patients while working in a healthcare facility.
b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

7. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at https://www.va.gov/oaa/app-forms.asp. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

8. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

** Those who do not meet these eligibility requirements will be notified by the site as soon as possible. Failure to meet these qualifications could nullify an offer to an applicant.

The VAMHCS is an Equal Opportunity Employer. Our postdoctoral fellowship program values cultural and other dimensions of diversity and welcomes applicants from all backgrounds.

Application Requirements:

The following documents must be uploaded to the APPA CAS and are required for application to our program:

1. A letter of interest that outlines career goals, clinical and research experience, and goodness of fit with the mission of the VA Maryland Health Care System Clinical Psychology Fellowship and the training track emphasis
2. A current curriculum vitae
3. Official graduate transcripts

4. A signed letter of status from graduate program with anticipated completion date, **including expected dissertation defense date**
5. Three signed letters of recommendation, one of which must be from an internship supervisor. Please note that letters of recommendation are referred to as "evaluations" within the APPA CAS portal.
6. A de-identified assessment report appropriate to the training program emphasis
7. An example of empirical research or other scholarly work, if available
8. **PTSD emphasis only:** One-page essay response that articulates your conceptual model for understanding and treating Posttraumatic Stress Disorder
9. Federal form: Application for Associated Health Occupations (10-2850D), which may be obtained via the website: http://www.va.gov/vaforms/medical/pdf/vha-10-2850d-fill.pdf
10. Federal form: Declaration for Federal Employment (OF-306), which may be obtained via the website: http://www.opm.gov/forms/pdf_fill/of0306.PDF

All application materials must be received by **December 30th, 2022** in order to be considered for the 2023-2024 training year. Except under very unusual circumstances, all application materials must be submitted through APPA CAS.

The Training Committee for each specialty track will review completed applications that are submitted and will extend invitations for interviews to take place in January. Interviews will be conducted ***virtually***. As noted, All fellowship tracks will be adhering to the Association of Psychology Postdoctoral and Internship Centers (APPIC) Postdoctoral Selection Standards and Common Hold Date (CHD). We will extend offers to top-ranked applicants upon completing interviews and ranking all applicants for each fellowship position. Offers are considering binding until 10:00 AM EST on the CHD of February 27th, 2023.

TRACK-SPECIFIC INFORMATION: PTSD EMPHASIS

The postdoctoral fellowship is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and abides by all APPIC policies and procedures.

Inquiries regarding the postdoctoral program should be sent via email to the Track Coordinator:

Melissa Decker Barone, Psy.D
VA Maryland Health Care System (BT/116/MH)
10 N. Greene Street
Baltimore, MD 21201
Attn: Mental Health Executive Office 6C-164 (Melissa Decker Barone)
443-206-8198
Fax: 410-637-1459
E-mail: melissa.barone@va.gov

Ideal Applicant

A successful candidate for the fellowship program will have a history of specialty training in traumatic stress disorders. The fellowship adheres strongly to a scientist-practitioner model of training. A successful candidate will demonstrate a commitment to the scientist-practitioner model of psychology as evidenced by history of research in traumatic stress as well as training in empirically supported treatments for PTSD and readjustment concerns. Applicants should also demonstrate a commitment to serving Veterans, an interest in VA psychology, a multicultural approach to evidence-based practice, and a strong commitment to completing the full fellowship year.

Selection Procedures

Applications are due on December 30th, 2022. The Trauma Recovery Program (TRP) Training Committee will review all completed applications that are submitted by midnight (EST) on December 30th, 2022 and will extend invitations for interviews by email. The training program has a strong commitment to addressing both social equality and the health and safety of our applicants; as such, on-site interviews will not be extended this selection cycle. Telephone/video conference interviews will take place in January. As noted, we will abide by APPIC's Postdoctoral Selection Standards and Common Hold Date (CHD) procedures. As on-site visits will not be available, applicants are encouraged to schedule optional, non-evaluative individual phone/video meetings with the Track Coordinator and/or current fellows during the application season as desired in order to ask additional questions and gain a more in-depth understanding of the program. All applicants not under consideration for interviews will be notified by email in a timely manner. Our emphasis is on fit with our program philosophy and training model described above, as well as a general openness to feedback and training. We strive to seek the best fit between applicants and our training program.

PTSD Fellowship Specific Goals & Objectives

The postdoctoral fellowship in Trauma Recovery is a general clinical training program with an emphasis in the psychological assessment and delivery of evidenced based treatment for PTSD in returning Veterans. This fellowship track emphasizes the training and refinement of skills in assessment, treatment, consultation, research, supervision, and administration relating to the specific needs of

returning Veterans, as well as facilitating the development of fellows from trainees to independent psychologists. We embrace a multicultural approach to the psychological assessment and delivery of evidence based treatments for PTSD, as well as to scientific reseach and program evaluation. Our program philosophy is to base both the process and the content of training in empirical research, with the goal of developing psychologists who apply the scientific method and knowledge to the assessment and treatment of PTSD and related mental health concerns. In addition to demonstrating the general Level 1 and Level 2 fellowship, fellows in the Trauma Recovery Program should successfully meet the following program-specific goals at the conclusion of the training year:

1. Competence in ***professional consultation*** through program development, clinic administration, and policy implementation.
2. Expertise in conducting ***comprehensive assessment and integrative report writing***, including the administration of the Clinician-Administered PTSD Scale-5 (CAPS-5) and other psychometrically sound assessment instruments for PTSD and other associated posttraumatic mental health and readjustment concerns.
3. Expertise in the use of ***evidence-based treatments for PTSD*** and readjustment concerns.
4. Independent competence in ***scholarly inquiry*** related to ongoing research in the subject matter of traumatic stress sequelae, including the ability to conduct research/education and integrate science and clinical practice.
5. ***Education and supervision*** of psychology predoctoral trainees in the subject matter of traumatic stress sequalae.

Fellowship Training Structure

Trauma fellows' distribution of effort will be approximately 60% clinical, 20% didactic, and 20% research/administrative training. The program emphasis is on development of clinical skills; however, there is an expectation that fellows will participate in research and/or program evaluation efforts. The training provided meets licensure requirements for the state of Maryland; all supervisors will be licensed and able to certify training hours.

Programmatic Changes Related to COVID-19

The Trauma Recovery Programs are currently offering both face-to-face and virtual appointments to Veterans due to COVID-19 concerns. Clinical staff is currently providing on-site care on a limited basis, with the remaining work days providing virtual care via telework. All trainees are presently providing virtual care to Veterans and are presenting on-site while their clinical supervisor is present. Veterans are currently being offered a choice of either face-to-face or virtual care via VVC/phone for all evidence based practices (EBP) and psychological assessments. We are proud that our service has been able to ***increase*** the number of EBPs delivered during COVID-19 with excellent outcomes and low drop out rates when compared to routine clinical care. The VAMHCS Psychology training programs successfully transitioned to a full virtual model of clinical services and supervision without a break in training experiences in March 2020. The training programs worked quickly with hospital leadership to acquire remote access capabilities and the software necessary for a seamless transition to delivery of clinical services utilizing telehealth platforms, highlighting VAMHCS leadership's commitment to employee and trainee health, well-being and workplace satisfaction.

2023-2024 psychology postdoctoral fellows will deliver all EBPs via VVC, with the opportunity to present on-site and provide in-person care on the day their supervisor is also present on-site. All primary clinical supervisors will be present on-site on days that the fellow presents to the clinic or a back-up supervisor

will be identified. Fellows will receive at least two hours per week of face-to-face individual supervision while on-site or through Microsoft Teams or Webex platforms for oversight regarding the provision of telehealth. Supervisors have the option to observe sessions live through VVC and/or may use Audacity for audiotaping purposes.

Trauma Recovery Program Staff

The VAMHCS has 100+ licensed psychologists on staff with various areas of practice specialty. The faculty for the PTSD fellowship track will be drawn from the PTSD Clinical Teams and TIDES Intensive Outpatient Program. The Trauma Recovery Program employs fourteen psychologists, seven social workers, a psychiatrist and a program support assistant as part of an interdisciplinary team. The staff is highly committed to scientist-practitioner training, use of evidence-based practices for PTSD, a multicultural approach to treatment, and greatly values training and psychology trainees. The majority of the supervising psychologists are former trainees that chose to remain as TRP staff following their training and many have been a member of the team for more than ten years. The team is close-knit and intentional about planning multiple events throughout the year to further team cohesion. An annual retreat is held to reflect on the previous year and set objective goals for the coming year. Social engagements occur multiple times throughout the year, ranging from impromptu after-work socials to planned events at staff homes or local parks. Invitations are commonly extended to trainees, as they are considered an important part of our team. Post-COVID, the team has been purposeful to schedule multiple weekly video meetings, holiday zoom parties and join a daily group chat to maintain team connections and facilitate consultation.

Training Sites

**The training faculty will make every effort to ensure that the training opportunities described in this brochure will be offered for the 2023-2024 training year, but occasionally staffing and scheduling issues will require rotations to be cancelled after the brochure is finalized and distributed. Updated information will be disseminated via email and during interviews in February.*

Baltimore Annex Building

The Trauma Recovery Program at the VAMHCS will provide fellows with training experiences in several outpatient treatment programs. The Baltimore PTSD Clinical Team (PCT) is located in downtown Baltimore (left), serving a racially and ethnically diverse, urban outpatient population.

The Perry Point campus (below), where the Perry Point PCT and TIDES programs are located, serves a rural population that has a higher percentage of non-

Perry Point VAMC campus

Hispanic white Veterans than the Baltimore site.

Fort Meade

The Fort Meade community-based outpatient clinic (CBOC) is located on a United States Army installation that serves as the headquarters for the United States Cyber Command, National Security Agency and other Department of Defense agencies. The Fort Meade CBOC serves Reservists in addition to Veterans, and fellows may have the opportunity to work with current service members. Over 80% of our patient population is ethnically and racially diverse (African American and Latinx). Approximately 50% of new referrals to our outpatient clinics are service members recently returning from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND).

PTSD Clinical Team

The TRP outpatient programs consist of specialized PTSD clinics in the Baltimore, Perry Point and Fort Meade locations. Patients within the specialized outpatient PTSD clinics include male/female/transmale/transfemale/non-binary Veterans with a principal diagnosis of PTSD related to a variety of traumatic experiences, including combat, military sexual trauma (MST), and childhood abuse. Patients range in age from early 20s to 80s, spanning OIF/OEF/OND through Korean War eras of service. OIF/OEF/OND referrals have comprised approximately 50% of all referrals to the Baltimore PCT in FY 2019, 61% of all referrals to the Perry Point PCT and 45% of all referrals to TIDES. Many patients in the PCT have other comorbid diagnoses and are active in treatment in other areas of mental health (e.g., Substance Abuse Treatment Program, Psychosocial Rehabilitation Recovery Center, Mental Health Clinic). The PCT provides primarily time-limited, individual, evidence-based treatments for PTSD and Other Specified Trauma- and Stressor-Related Disorders, consistent with the 2017 Clinical Practice Guidelines for PTSD. Fellows may choose to participate in a PCT rotation at either the Baltimore or Perry Point location. This rotation is typically supervised by Drs. Barone, Bruder, Calmes, Fala-White, Grossmann, Kok, and/or O'Connor.

PTSD Clinical Team Areas of Emphasis

Returning Veterans Emphasis. Fellows have the opportunity to focus their clinical work on the unique treatment needs of returning veterans in the clinic. Fellows can work with the Returning Veterans Team Leader to provide outreach and advocacy services. If a fellow has interest in learning a wider range of EBPs, there can be opportunities to implement evidence-based practices for a wide range of presenting problems including Cognitive Behavioral Therapy for Depression (CBT-D), Cognitive Behavioral Therapy for Insomnia (CBT-I) and Interpersonal Psychotherapy, as well as treatments for engagement concerns

and emotion dysregulation, including Unified Protocol (UP), Motivational Interviewing (MI), skills training in Dialectical Behavior Therapy (DBT), and Skills Training in Affective and Interpersonal Regulation (STAIR). Outreach activities may include presentations at local religious/civic organizations, at post-deployment events and various media outlets. This training emphasis will be supervised by Drs. Bruder, Barone, Kok and/or Grossmann.

Fellows will also have the opportunity to work with the Veterans Integration into Academic Leadership (VITAL) Program, an initiative funded through the Veterans Affairs Office of Mental Health Services that seeks to provide a link between local universities/colleges and the VA Maryland Health Care System (VAMHCS) in order to support student Returning Veterans' academic pursuits. Developed to meet the specific needs of these student Veterans, the VITAL initiative emphasizes the unique leadership abilities that student Veterans bring to the campus community. Services are offered in outreach, education and mental health care. Fellows that choose to work in the VITAL program may provide consultation and liaison services to the college community for the purposes of educating faculty, staff, and students about the unique strengths and challenges facing student Veterans. VITAL facilitates a number of events to engage student Veterans in VA health care and increase access to care; fellows may plan and attend these outreach events in the role of a mental health liaison or expert speaker at Veteran-focused lunch and learns, faculty/staff training and counseling center continuing education events. As the COVID-19 pandemic has altered all aspects of clinical and academic life, in-person outreach is currently being offered on a limited basis. However, fellows may expect to discuss, plan, and carry out innovative digital outreach and training events that aim to meet the needs of VITAL stakeholders. Fellows may also take a leadership role in coordinating the lunch and learn series as campus needs arise, which provides a fellow the opportunity to conduct a needs assessment, to network with faculty, and to develop of a Veteran-centric curriculum. This training emphasis will be supervised by Dr. Daniel Koster.

Dual Diagnosis Services. Dual diagnosis services are provided under PTSD clinical programming at the Baltimore location, and include the delivery of individual and group psychotherapy as well as psychological assessment for Veterans with comorbid substance use disorders. Fellows may have an opportunity to implement EBPs for PTSD (Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Concurrent Treatment of PTSD and Substance Use Using Prolonged Exposure (COPE), Eye Movement Desensitization and Reprocessing (EMDR)) as well as interventions such as Motivational Interviewing, Therapeutic Assessment, Seeking Safety, Acceptance and Commitment Therapy, and process interventions while participating in the Dual Diagnosis emphasis. Fellows will have the opportunity to consult and collaborate with specialty programs throughout the hospital, inculding the outpatient, intensive outpatient, and residential substance abuse treatment programs during this rotation. This training emphasis will be supervised by Dr. David O'Conner.

Military sexual trauma: Mental health services for military sexual trauma (MST) are provided under PTSD clinical programming at the Baltimore location, and include the delivery of individual and group psychotherapy as well as psychological assessment. Fellows may have an opportunity to implement EBPs for PTSD (Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Written Exposure Therapy (WET)) and skills based group psychotherapy for both men and women with a history of MST. Postdoctoral fellows can also receive training in outreach and advocacy as part of this rotation. Examples include providing educational presentations to hospital staff on MST, development of novel methods of increasing awareness of MST (see section on Administrative training) and representation on various committees as an MST advocate. Finally, fellows can develop knowledge of how to manage the

MST program through administrative training which may involve consult management, triaging new referrals or program development. This training emphasis will be supervised by Dr. Christine Calmes.

Trauma Intervention and Dual-Diagnosis Empowerment Service (TIDES)

In addition to the major rotations in TRP outpatient programs, fellows may elect to participate in the TIDES intensive outpatient program for PTSD, one of only a few that exist nation-wide to address PTSD and Substance Use Disorders (SUD). The innovative specialty program is a six-week, intensive outpatient program located at the Perry Point campus, which focuses on provision of evidence-based treatments for PTSD, including the concurrent treatment of PTSD/SUD. Programming utilizes individual evidence-based treatment (Prolonged Exposure, Cognitive Processing Therapy, COPE, Written Exposure Therapy) and group psychotherapy (DBT Skills, In Vivo, Relapse Prevention, and psychoeducation groups) for PTSD and SUD. Fellows who elect to participate in this 6-month rotation will have the opportunity to implement massed EBPs for PTSD (minimum of three weekly individual sessions), co-facilitate group psychotherapy with supervisors, and complete psychological assessments. Fellows also may have the opportunity to engage in program development and evaluation, as well as policy implementation, local consultation activities, and community outreach events during this rotation. The rotation is a full-time rotation, with at least three full days embedded in the IOP, with the option to add additional time and activities as scheduling, staffing, and training goals permit. This rotation is supervised by Drs. Mahoney and/or Miller.

Training Experiences

**The training faculty will make every effort to ensure that the rotations described in this brochure will be offered for the 2023-2024 training year, but occasionally staffing and scheduling issues will require rotations to be cancelled after the brochure is finalized and distributed. All training experiences are subject to change based on training goals, clinic need, and state licensure requirements.*

The VAMHCS is a large training hospital with a myriad of training opportunities. What are described below are the settings for the clinical rotations most commonly selected by our fellows. There are additional opportunities, but the description below covers the majority of commonly selected opportunities. The Trauma Recovery Program at the VAMHCS will provide fellows with training experiences at the Baltimore VAMC Annex Building, Perry Point VAMC campus and Fort Meade army installation. The fellowship year will consist of two six-month rotations in both trauma recovery outpatient programs (PTSD Clinical Teams, TIDES). The training experiences will focus on the refinement of intervention and assessment skills related to traumatic stress and readjustment concerns. The fellows' core training experiences will involve evidence based assessments and individual treatments for PTSD. Elective experiences will be selected to round out the training plan for each fellow.

The fellowship year consists of two six month rotations; rotations are assigned based on fellows' individualized training goals, previous training experiences, and future career interests. Rotations may take place within the following clinical programs; fellows may choose two among the following rotations:

1. PTSD Clinical Team (PCT; Baltimore and Fort Meade*). An emphasis in the following focused populations is available for fellows who are interested in further specializing their training but is not required. Fellows may also choose a general PCT rotation with no emphasis.
    - Returning Veterans
    - Dual diagnosis services

        - Military sexual trauma
2. PTSD Clinical Team (PCT; Perry Point)
3. Trauma Intervention and Dual-Diagnosis Empowerment Service (TIDES; Perry Point).

*Fellows may opt for two separate and distinct rotations in the Baltimore PCT rather than a rotation in Perry Point, although this is based on fellows' training goals and supervisor/program availability.

In the PCT, fellows will be provided with training in individual EBPs (e.g., Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy, Eye Movement Desensitization and Reprocessing) as well as non-trauma focused treatments for PTSD (e.g., Interpersonal Psychotherapy, Cognitive Behavioral Therapy for Insomnia, Seeking Safety, Skills Training in Affective and Interpersonal Regulation, Dialectical Behavior Therapy, Motivational Interviewing), consistent with the 2017 Clinical Practice Guidelines for PTSD. Fellows will have the opportunity to participate in the VA national rollout Cognitive Processing Therapy training and six months of consultation. Fellows may elect to further focus on the multicultural provision of EBPs for PTSD.

The PCT transitioned to 100% virtual clinical services due to COVID-19 restrictions in March 2020. Presently, all EBPs and assessments are being offered through telehealth services (VVC) or face-to-face in-person visits, based on the Veteran's preference. PCT staff are on-site on a limited basis and are teleworking for the remainder of their work week. We are proud that our service has been able to continue to provide primarily EBPs for PTSD after the transition to virtual care during COVID. Dual Diagnosis and MST specialty psychotherapy groups are continuing to be offered to Veterans via Webex. All primary clinical supervisors will be present on-site on days that the fellow presents to the clinic. Supervisors have the option to observe sessions live through VVC and/or may use Audacity for audiotaping purposes.

The patient load typically consists of 5-7 individual psychotherapy patients and assessment cases triaged according to the fellow's training goals. Fellows may opt to co-lead a psychotherapy group (Dual Diagnosis, MST groups) with a supervisor. Fellows will also get the unique opportunity to gain training in the administration of TRP clinics on each rotation. Fellows will work closely with the supervisor of each program to learn the fundamental aspects of running a program and application of policies to program functioning.

Fellows who choose a Returning Veterans emphasis will gain experience in the assessment and delivery of time-limited, EBPs for PTSD and Cognitive Behavioral Therapy for Returning Veterans who meet criteria for PTSD and/or Other-Specified Trauma Related Disorder (subclinical PTSD related to combat stressors) as well as Veterans who present with treatment engagement concerns. Common treatment protocols include Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for Insomnia, Unified Protocol, Acceptance and Commitment Therapy, and Motivational Interviewing. Fellows will have the opportunity to participate in outreach activities, advocacy and program development and evaluation projects. Outreach activities may include presentations at local religious/civic organizations, at post-deployment events, and various media outlets.

Fellows who choose to train in the TIDES program will gain experience in the psychological assessment and implementation of massed EBPs for PTSD with patients reporting a higher acuity of symptoms (e.g., current substance use, emotion dysregulation) that requires intensive outpatient treatment. Common protocols include Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy, and the

Concurrent Treatment for PTSD and Substance Use Disorder Using Prolonged Exposure (COPE) protocol. Individual therapy will be scheduled at least three times per week, with the option for daily sessions. Fellows may also choose to lead or co-lead the weekly PTSD skills group. After an initial shift to 100% virtual care due to the COVID-19 pandemic restrictions, the TIDES program has now transitioned to a hybrid model of clinical services where veterans have the option to complete care in-person, via VVC, or a combination of both. The program has continued to see substantial decreases in PCL-5 outcomes, whereby 53% of treatment completers are reporting symptoms below threshold. All individual and group psychotherapy is offered via VVC or phone. Of note, the current IOP schedule has significantly reduced group offerings and there is currently one group being offered via VVC. The emphasis is on the massed trauma-focused EBPs. Fellows will deliver all EBPs via VVC and will receive supervision through VVC or Webex platforms, with the option of in-person service delivery and supervision on a limited basis. Supervisors have the option to observe live sessions through VVC and/or may use Audacity for audiotaping procedures. Fellows will also have the opportunity to conduct needs assessments, program development, and program evaluation to support continued growth of this new, innovative program. Further, dependent on internship rotation selection, fellows may have the opportunity to provide vertical supervision of an intern through an IOP group or through an individual EBP case in the Perry Point PTSD Clinic.

Primary Rotation Opportunities

	PTSD Clinical Team	TIDES Program
Campus	Baltimore Annex Perry Point campus Fort Meade	Perry Point campus
Settings	PTSD Clinical Team Returning Veterans Emphasis Dual Diagnosis Program Military Sexual Trauma Services PTSD Assessment Clinic	Intensive Outpatient Program
Individual Psychotherapy	5-7 individual cases at a time; 10-14 cases per rotation PE/CPT/WET/EMDR focus with CPT certification	1-2 individual cases at a time; 8-10 cases per rotation PE/CPT/WET/COPE focus Opportunity to deliver massed protocols
Group Psychotherapy	1 group per week (optional)	1-2 groups per week
Assessment	1 comprehensive or full assessment per month 1-2 triage assessments per month	1 comprehensive or full assessment per month
Research/Program Evaluation and Development	Up to 8 hours per week	Up to 8 hours per week
Administrative Training Opportunities	PTSD Assessment Clinic Coordination Measurement-based Care Initiative NCPTSD Dashboard development PTSD Mentorship Program MST Program	Development of new group therapies Program evaluation

Supervision Opportunities	1 psychology extern or intern (1 group or up to 2 individual/assessment cases) 1-2 professional presentations (Internship seminar, staff in-service)	1 psychology extern or intern (1 group or up to 2 individual/assessment cases) 1-2 professional presentations (Internship seminar, staff in-service)

Minor Rotation Opportunties

Fellows may also elect to participate in one of several minor rotations throughout the fellowship year. Minor rotations are typically full-year training experiences that amount to 3-4 hours/week, with the exception of the DBT minor (see below).

Administration (Required): The administration rotation is designed to provide the opportunity to learn clinic administration and policy implementation. Fellows will participate in alternating rotations through the training year. For six months of the fellowship year, each fellow will coordinate new referrals and intake assessments; coordination consists of consultation with referring providers, management of a large database of referrals, chart reviews and triaging assessments, screening calls, documentation of appointments and closure of referrals. Fellows will also receive administrative didactic training through the monthly trauma seminar and will apply this training to the administration and coordination of the intake clinic, under the supervision of a licensed clinical psychologist. Skills acquired in this rotation include application of VAMHCS policy to clinic operations, collaboration across programs within the hospital, interdisciplinary consultation and triage of referrals through chart reviews.

Fellows may also elect to participate in additional supervised training in administration in several ways. Optional electives may include involvement the following:

1. Fellows who express an interest in policy implementation and dissemination may participate in ongoing projects with the National Center for PTSD and VISN 5 Mentorship Program, under the supervision of the TRP Program Manager.
2. Fellows who express an interest in program coordination may shadow the team lead of either the PCT or TIDES programs and participate in ongoing program development projects.
3. Fellows who express an interest in learning more about psychology training in a VA setting may work closely with the Fellowship Track Coordinator in tasks such as application reviews, applicant interviews, revision of the fellowship brochure and shadowing monthly Training Committee meetings.
4. Applied learning of administration may also take the form of needs assessment, program development and outcome research on the effectiveness of psychotherapy within the clinics.

Examples of administrative projects that former fellows have participated in include the following:

- Student Representative for the VA Multicultural and Diversity Committee
- Participation in PTSD Mentorship Program monthly calls and conducting a VISN-wide needs assessment
- Design and implementation of a webinar on military sexual trauma for the National Chaplains Working Group
- Coordination of a “Wall of Hope” event for Military Sexual Trauma Awareness Month
- Measurement-based Care Initiative
- Development and dissemination of Shared Decision-Making tools

Dialectical Behavior Therapy (Full Model): The DBT minor rotation is designed to provide fellows with training in full model Dialectical Behavior Therapy, including the following training components for a full year time commitment:

- Weekly team consultation (1 hour)
- Weekly supervision (1 hour)
- Co-leading the DBT skills group or involvement in program evaluation (2 hours)
- One individual DBT case (1 hour)
- Administrative time for phone coaching, note writing, and session prep (1 hour)
  Total of 6 hours/week

Fellows who express interest in this rotation must have the following prior training experiences:

- Prior DBT experience is preferred but not required
- Strong CBT experience
- Skills group therapy experience
- Experience with/willingness to work with high-risk populations

The DBT rotation will be supervised by Dr. Tiffany Bruder (or another member of the DBT team if staffing demands require it). Opportunities for vertical supervision may exist on this minor rotation for fellows who demonstrate strong DBT skills and interest in vertical supervision, contingent on staffing and the presence of junior trainees on the team.

Emotionally Focused Couples Therapy: The rotation is designed to provide the opportunity to learn a treatment approach to working with couples affected by PTSD. If they choose, fellows will learn Emotionally Focused Couples Therapy (EFT) developed by Sue Johnson, Ed.D. This treatment is based on the integration of attachment theory, humanistic psychology and systems theory. Trainees will discuss EFT literature, use the EFT training workbook, review and discuss professional training tapes and will develop and practice skills through small group discussion and role plays. During the course of the year, the clinician will work with one or two couples. The treatment population will be couples who have the psychological resources to benefit from this course of treatment. There will be weekly group supervision and scheduled individual supervision. Supervision modalities include discussion of the case and review of videotaped sessions. The minor requires a fellow to commit to 5 hours a week for a full year. The minor is typically supervised by Dr. Neil Weissman.

Mental Health Diversity Committee: The VAMHCS Mental Health Diversity Committee fosters diversity through the following activities: providing didactic/training opportunities, establishing a forum wherein staff and trainees can explore diversity, increase recruitment of diverse applicants, promote competence in guidelines prescribed by national organizations (i.e., APA, NASW), and encouraging integration of multicultural responsiveness and humility into all aspects of Veteran care. Psychology postdoctoral fellows are invited to participate in meetings as a committee member or take a more formal role as a student representative to the committee.

Vertical Supervision and Teaching: An ongoing training experience throughout the year is vertical supervision and teaching. As developmentally appropriate, fellows learn various models of supervision through assigned readings, workshops and discussion of supervisory style in supervision with their primary mentor. As fellows demonstrate competency in assessment and treatment for PTSD symptoms, they will begin to provide vertical supervision of individual EBP for PTSD to a psychology extern or

intern, under the direct supervision of their primary supervisor. Psychology postdoctoral fellows and interns will also conduct psychological assessments through the Trauma Recovery Program assessment clinic, coordinated by Dr. Natalie Fala-White. Dr. Fala-White will coordinate assignment of assessment cases to junior trainees and vertical supervisory assignments to fellows, such that fellows will get an opportunity to supervise comprehensive assessments (utilizing structured clinical interviews, objective measures of personality and self-report questionnaires). Vertical supervision will occur under the clinical supervision of Dr. Fala-White, who will provide both individual and group supervision. Fellows will receive individual supervision of the case and will attend a group supervision with Dr. Fala-White and the other psychology fellows and interns. In group supervision, trainees will have the opportunity to present cases and receive feedback from peers, vertical supervisors and Dr. Fala-White. Additional training experiences that may be offered in group supervision will be assigned readings related to psychological assessment and/or clinical supervision, and interpretation of case example profiles (e.g., MMPI-3, PAI).

Fellows will gain experience in teaching through the delivery of several professional presentations (Staff In-service, Psychology Internship Seminar, VITAL Lunch and Learns) throughout the course of the year, in addition to professional presentations at local, regional and national conferences as opportunities arise. Examples of former fellows' teaching experiences include facilitation of a diversity seminar to the psychology internship consortium, co-presenter of the VA Multicultural and Diversity Committee national monthly seminars and providing an in-service on psychological assessment of PTSD to VAMHCS staff.

<u>Assessment approach</u>
Fellows will participate in a standardized training for reliable administration of the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) prior to independent assessment in the PTSD Assessment Clinic. Fellows will complete at least six comprehensive assessments within the PTSD Assessment Clinic (PAC) during each training year, supervised by TRP psychologists faculty (M.D. Barone, T. Bruder, C. Calmes, N. Fala-White, B. Kok, D. Koster, J. Grossman, J. Hutchinson, J. Mahoney, M. Miller, D. O'Connor, E. Romero) who have been trained in administration of the CAPS-5 and a variety of measures of posttraumatic stress sequelae. In addition, fellows will also perform brief triage assessments in the PTSD Assessment Clinic (PAC) throughout the training year. We expect that by the end of the fellowship, fellows will be able to administer and interpret the CAPS-5 and other psychometrically sound assessment instruments for PTSD and other associated posttraumatic mental health problems (e.g., Anxiety Disorders Interview Schedule (ADIS), Minnesota Multiphasic Peronality Inventory-2-RF). We expect that fellows will be skilled at completing comprehensive assessments in response to consultations as well as more time-limited assessments of individuals with a history of trauma or readjustment concerns. Fellows are expected to complete a minimum of six comprehensive assessments by the end of the training year.

Research
Fellows will participate in a scholarly research project or program evaluation project, which will constitute 20% of the training year. Fellows may choose to tailor their research training to best meet their fellowship goals by choosing to participate in scientific research projects, program evaluation projects or both. Fellows will meet with the Fellowship Track Coordinator at the beginning of the fellowship year to discuss their training/career goals and availability of projects, and will choose a project that best meets their training needs, culminating in a formal presentation to the Trauma Recovery Program at the end of the training year. Examples of former fellows' research projects include:

- Development of Women's MST group therapy and program evaluation
- Program evaluation assessing variables that affect treatment engagement in PCT
- Defense Centers of Excellence white papers and peer-reviewed manuscripts
- Collaborations with VISN -5 MIRECC
    - Muralidharan, A., **Austern, D**., Hack, S. and Vogt, D. (2016). Deployment Experiences, Social Support, and Mental Health: Comparison of Black, White, and Hispanic U.S. Veterans Deployed to Afghanistan and Iraq. Journal of Traumatic Stress, 29: 273–278. doi:10.1002/jts.22104

Examples of current research projects include the following:

1. VISN 5 MIRECC Studies
    - ✓ Living Well: Optimizing Chronic Illness Self-Management
      PI: Richard Goldberg, PhD
      Opportunities large sample comparative quantitative analysis, small sample quantitative analysis, and presentation/publications
    - ✓ Development of a Patient Centered Mental Health Intervention for Recent Veterans
      PI: Samantha Hack, PhD, LMSW
      Opportunities for qualitative data collection and analysis, quantitative data analysis, and presentation/publications
    - ✓ Posttraumatic Stress Disorder and Recovery among Vietnam Era Veterans
      PI: Amanda Peeples, PhD
      Opportunities for qualitative data analysis and presentation/publications
2. Trauma Recovery Program Evaluation
    - ✓ Program evaluation projects focused on engagement and outcomes in the Trauma Recovery Program.
3. University of Maryland Research Studies
    - ✓ Pharmacogenetic Treatment with Anti-glutaminergic agents for Comorbid PTSD and Alcohol Use Disorder

Didactics

Fellows attend a bi-weekly PTSD didactic seminar (See below for schedule of topics for the 2022-2023 training year) that is attended by all TRP predoctoral interns and postdoctoral fellows. One of the two monthly meetings will be dedicated to attending a didactic training while the second meeting of each month will be dedicated to a journal club and discussion of professional development issues. The didactic seminar has transitioned to virtual seminars via Teams. The focus of the didactics will be on psychological assessment, evidence based clinical practice, and professional development topics. Topics include applied learning and practice of empirically supported treatments, advanced statistical procedures, case conferences, and becoming a clinical supervisor. The didactic seminar is intended to provide advanced training in special topics in PTSD by focusing on a specific content area (e.g., implementation of processing moral injury in Prolonged Exposure) to give trainees an in-depth understanding of the topic, allow time for role plays, and discuss conceptualization questions. Trainees are encouraged to suggest topics for seminars at the beginning of the training year, to further tailor their training during the fellowship year. Fellows also take an active role in journal club by selecting articles for discussion and leading those discussions within the group meeting. The journal club meeting also provides space for trainees to discuss issues related to professional development (e.g., EPPP, licensure, job searches), which fosters connections between the trainees, provides support and encouragement in professional growth, and provides fellows with a mentorship opportunity to

predoctoral interns, as they can often offer guidance on issues such as postdoctoral application questions, preparation for interviews, and dissertation concerns. Furthermore, the TRP holds a weekly consultation group focused on psychological assessment issues and the implementation of evidence-based treatments for PTSD. This meeting allows staff and trainees to learn about evidence-based practices for PTSD and receive consultation from peers and supervisors regarding assessment questions, such as Criterion A considerations. Fellows are encouraged to bring questions from their current assessments and/or ongoing EBP cases to group discussion to enhance their clinical training and facilitate their understanding of consultation among interdisciplinary teams. In addition, local trainings and webinars on areas of expertise in PTSD are made available to fellows on a regular basis. Finally, TRP staff and trainees may also participate in biweekly training in the use of Emotionally Focused Couple Therapy (EFT) for couples where one of the partners has PTSD.

Psychology Postdoctoral Fellowship Activities and Seminar Schedule

General Activities (Year-long):	**Date/Time**
PAC/EBP Consultation Group	Tuesdays, 12:30-1:00
Baltimore Outpatient Staff Meeting	Thursdays, 1:00-2:00
Perry Point Outpatient Staff Meeting	Tuesdays, 8:30-9:30
TRP All Staff Meeting	1st Thursday of each month, 1:00-2:00
Trauma Professional Development/Journal Club	1st Monday of each month, 12:00-1:00
Trauma Didactics	3rd Monday of the month, 12:00-1:00
Research Time	TBD by Supervisor
Supervision of Supervision Seminar	2nd Thursday of each month, 3:00-4:00
Fellowship Professional Development Group	2nd Monday of each month, 3:30-4:30

2022-2023 Trauma Didactics Schedule (Microsoft Teams):

Topic	**Date**	**Presenter**
Prolonged Exposure	August 15	Melissa Barone, PsyD
Self-care	September 19	Natalie White, PhD
CPT training	October 19-21	Jackie Mahoney, PhD
Massed protocols	November 21	Tiffany Bruder, PhD
ACT and exposure-based therapies	December 19	Moshe Miller, PhD
Panel discussion – flexibility in EBP implementation	January 23	Miller, White, Barone, Koster
LGBTQ+ and trauma	February 13	Katherine Grein, PhD
Moral Injury	March 20	Jessica Grossmann, PhD
Culturally Affirmative supervision and Racial Identity Models	April 17	Jessica Fraser, PsyD
Military Sexual Trauma	May 15	Christine Calmes, PhD
Interpersonal Psychotherapy for PTSD	June 12	Dan Koster, PsyD
EMDR	July 17	Dave O'Connor, PhD

Training Plan

At the beginning of a training rotation, the supervisor and fellow jointly assess the fellow's training needs and establish individualized training goals. At the start of the fellowship year, fellows are expected to have a strong knowledge base in theory and clinical expertise in the treatment of PTSD, which allows for increasing levels of autonomy toward independent practitioner throughout the fellowship year. As this process of attaining graduated levels of responsibility unfolds, the supervision becomes less directive and more consultative. As developmentally appropriate, fellows may be invited to attend a weekly peer consultation group with TRP staff, where they can gain experience in seeking

consultation versus supervision and address issues of professional development. Written evaluation of the fellow's progress is conducted midway through each rotation and at the end of the rotation. The competency evaluations and supervision evaluations used by the program can be found in the brochure on pages 66- 76 and 115-126, respectively.

Supporting Literature

Exposure therapy (ET; Foa *et al*., 1991; Keane *et al*., 1989) has been consistently demonstrated as an effective treatment for processing traumatic memories; this approach has been endorsed by the Division 12 Task Force and 2017 Clinical Practice Guidelines for PTSD as an efficacious treatment for PTSD (APA Presidential Task Force on Evidence-Based Practice, 2006; 2017 VA/DoD Clinical Practice Guidelines). Cognitive behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), and Cognitive Therapy (CT) have consistently shown high rates of efficacy for symptom reduction as well, and all four treatments have been adopted as the 2016 best clinical practice guidelines for PTSD by the American Psychological Association (E. Carll, personal communication, March 28. 2017). The 2017 VA/DOD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder recommend individual, manualized trauma-focused treatments that have a primary component of exposure and /or cognitive restructuring, with the strongest evidence for Prolonged Exposure, Cognitive Processing Therapy and Eye Movement and Desensitization and Reprocessing.

Related to PTSD assessment, the CAPS has been shown to have excellent reliability and validity (convergent and discriminative validity) within trauma populations; it is considered the "gold standard" of interviews for PTSD (Weathers *et al*., 2001). The PCL-5 (*e.g.,* Weathers et al, 2018) and MISS (*e.g*., Norris *et al*., 1996), both symptom self-report measures, have demonstrated utility in the assessment and diagnosis of PTSD, with good evidence for reliability and validity. Finally, the BDI and BAI are commonly used self-report measures that involve a general assessment of depressive and anxiety symptoms, useful as adjunct data in the comprehensive assessments of Veterans and for detection of possible co-occurring diagnoses. A comprehensive review of assessment procedures for trauma and PTSD can be found in *Assessing Psychological Trauma and PTSD* (Wilson & Keane, 2004).

Alumni Testimonials

My time as a VAMHCS Psychology Postdoctoral was central to my professional development. I had supervisors who served as true mentors (shout out to Dr. Barone!). They cared greatly about my development and continued to be sources of guidance in the years following fellowship. Of course I received a depth of training in trauma-focused assessment and intervention, but I also was able to accrue training experiences relevant to broader evidence-based psychotherapy, program development/clinic management, and psychology training/supervision. These experiences positioned me well for previous positions in a PTSD specialty clinic and more administratively focused roles as a Local Evidenced-Based Psychotherapy Coordinator and Measurement Based Care Champion. Today I am lucky enough to coordinate a Behavioral Sleep Clinic and serve as the Director of Psychology Training within a VA Hospital. Without a doubt, training at the VAMHCS was the right decision for me!
-James Lickel, 2010-2011 cohort

This fellowship is one of the best possible investments you can make in yourself as a trauma/PTSD specialist. I learned so much about assessment, differential diagnosis, and treatment of not only PTSD, but the various traumatic stress sequalae. I learned something important about treating Veterans with PTSD from every single staff member. I received incredibly thorough and thoughtful supervision on areas I didn't even realize I needed growth in and encouragement to pursue special projects like developing a

Men's MST group curriculum and receiving support to pursue Motivational Interviewing training. The staff always had their doors open to pick their brains about dual diagnosis, effort testing, and moral injury, and sometimes more importantly, good restaurants recommendations. I wondered about after graduation, what I might be giving up by electing to pursue another year of rigorous clinical training. I wondered if the structure, the didactics, and requirements would feel burdensome at a time where I was eager to become an independent practitioner. The truth is now I miss that environment. The structure of didactics and case consultation sharpened my skills. In my fellowship, I realized that if I wanted to keep working with this population, I needed this level of training. I needed to better differentiate PTSD from other diagnoses associated with trauma. I needed to go beyond the manuals to recognize the flexibility within CPT and PE. I lived in Washington D.C. and I was able to make the daily commute on the MARC train. I often used the train rides to study for the EPPP and the Maryland Jurisprudence Exam. I always felt supported by the staff in my professional and personal endeavors. They helped connect with me possible job interviews and eventually helped me connect to my current position as a research psychologist at Ft. Belvoir where I provide intensive CPT to active-duty military personnel with PTSD. I could not be effective in my current role without the training, supervision, and support I received from all of the TRP staff, with a special shout out to Dr. Barone!!
-Carey Schwartz, 2017-2018 cohort

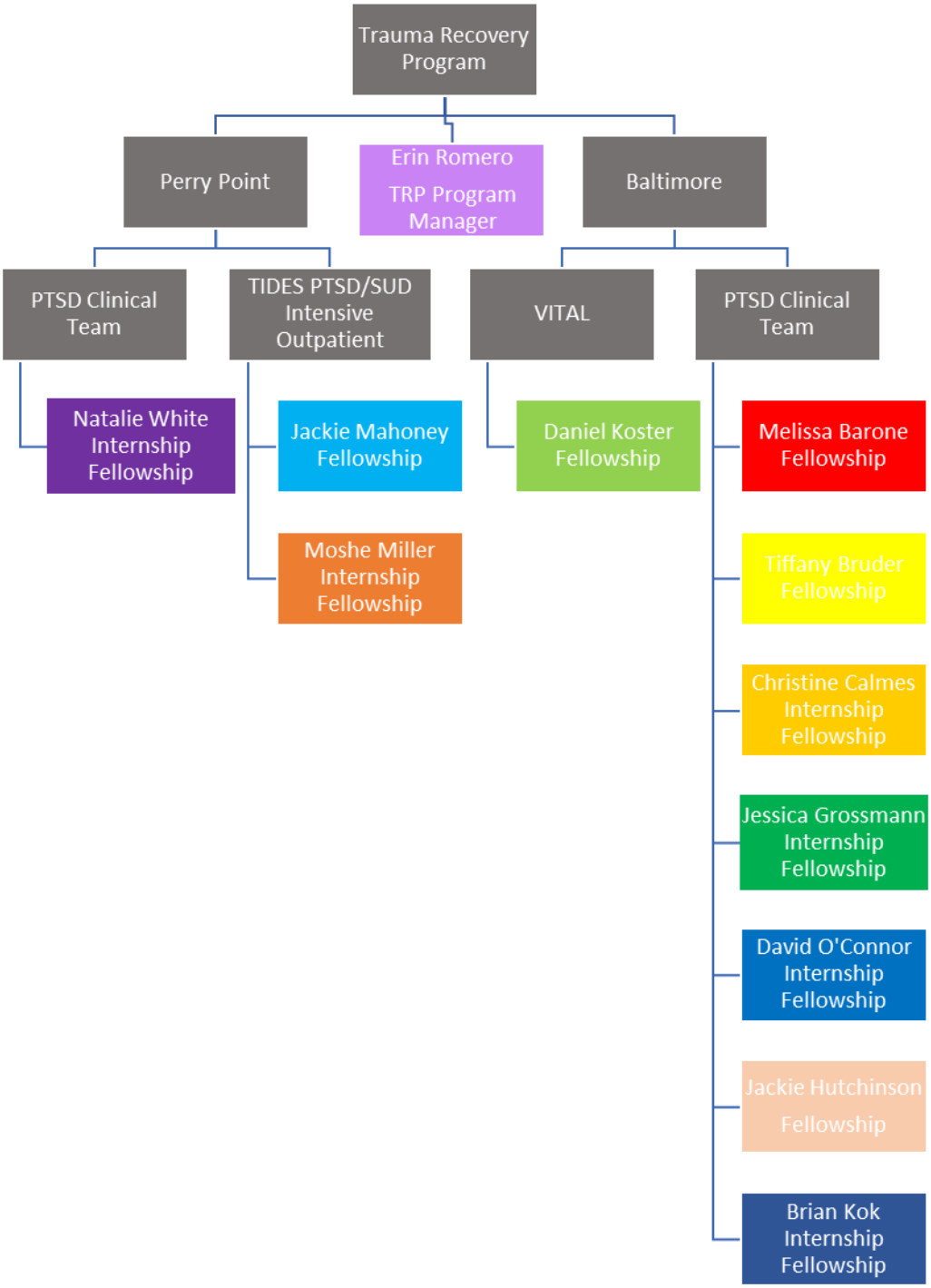
I am incredibly grateful for the training I received as a fellow within the VAMHCS Psychology Postdoctoral Fellowship, Emphasis in PTSD. The year was filled with training opportunities individualized to my goals and desires, the supervisors were tremendously talented and always challenged me to be my best, and most of all, I had the opportunity to be part of a team that felt like a family. The team truly welcomed me in as a junior staff member and pushed me to engage in self-care as much as they pushed me to excel clinically. The training opportunities within VAMHCS are pretty expansive and I often felt overwhelmed with gratitude with all that was available to us. One of my favorite components of my fellowship year was coordinating the PTSD assessment clinic. It was a nice addition to the clinical work and program improvement projects I was involved in. It also allowed me the opportunity to assess my interest in administrative tasks while still being a trainee. However, my absolute favorite part of my training year was the relationships that I built. I still maintain close friendships with a number of other fellows and staff members. As an intern, I pretty quickly knew I was interested in this fellowship. As a fellow, I pretty quickly knew that I wanted to become a permanent part of this team. I believe that the strong training I received during my fellowship made me an excellent candidate.
-Tiffany Bruder, 2018-2019 cohort

I absolutely loved my time on fellowship at VAMHCS. There was such an awesome community of Veterans in Baltimore, and it was a real honor and privilege to work with them. Likewise, the community within the staff was quite special as well. I was treated as an equal by the other team members, psychologists, and leadership and felt like a real part of the team. Confidence in myself was an important point of growth as a psychologist and as a person for me during my fellowship year. Through the support by supervisors and the opportunities provided to me, I grew to see myself as someone competent enough to be able to be out there on my own after this year, following so many years of training with a net under me. The assessment requirement helped me become an expert in the assessment of PTSD. I completed assessments on difficult cases and honed my ability to write comprehensive yet concise reports during my fellowship training. Supervision I received during fellowship was by far the best supervision I had ever had in my training. My supervisors provided me with complete support while at the same time pushing me to be better. I grew so much as a professional and a person that year, and I thank my supervisors so much for believing in me so strongly.

I had a wonderful breadth of clinical experiences in Baltimore. The opportunity to work with individuals and groups, within the outpatient and residential treatment programs, and to conduct both treatment and assessment, helped my experience to be very well-rounded. Also, I was allowed to choose experiences that fit with my training needs. I was able to fill in some gaps in my knowledge and also was able to strengthen areas of particular interest. One of my responsibilities in fellowship was to help manage the intake system for the PTSD program. It was a great responsibility and privilege to work with program leadership on how to evolve and then manage this system. Having this responsibility outside of my clinical duties helped foster my sense of self-confidence and strengthened my ability to manage administrative tasks. I fondly look back on my time living in Baltimore. We moved to the city with a two-week-old baby, our first child, so my wife and I did not get out into the city as much as we likely would have otherwise. But we will always have great memories of spending our son's first year of his life in Baltimore and taking him to places such as the aquarium and the zoo. And although I remain a fervent fan of my hometown Philadelphia sports teams, I find myself still rooting for the Ravens and Orioles whenever they aren't playing against Philly!
-Michael Ferenschak, 2010-2011 cohort

I felt extremely well-prepared by the fellowship to function as an independent therapist specializing in PTSD. The program provided an excellent transition from trainee to independent practitioner.
By far, the best aspect of the VAMHCS fellowship in PTSD was the quality of the supervision. My supervisors and mentors were skilled clinicians and very experienced, competent, nationally-recognized trainers. My supervisors were adept at teaching the core skills and framework of the treatment approaches as well as conveying the concepts to allow me to apply evidence-based treatment flexibly and effectively. They were well-versed in research regarding the approaches and helped me consider how research findings translated into the clinical room with my clients. They provided a tremendous level of support and availability while also allowing me to function with a degree of independence. I continue to be in touch with mentors and staff clinicians from the program, though I left the VA more than four years ago. The staff was also supportive of my personal needs, as I took time off mid-year for the birth of a child and returned to work with a newborn at home. I appreciated their genuine support and caring. The fellowship activities in which I participated were very clearly tailored to my specific professional goals, rather than the needs of the clinics in which was involved. The supervisors and staff encouraged good boundaries and time management, and I was never given more work than I could handle, nor was I expected to work more than 8 hours a day. We love Baltimore, and the best evidence of that is that, after fellowship year, my family chose to settle here for the long haul. I don't regret that at all. It's a great city in which to live, work, and raise a family.
-Neville Galloway-Williams, 2015-2016 cohort

Trauma Recovery Program Who's Who Organizational Chart



Supervisor Name	*Clinic/Team*	*Role/Position*	*Clinical Interests*	*Unique Training Opportunities*
Melissa Barone, PsyD	Baltimore PCT	VAMHCS Psychology Postdoctoral Fellowship, PTSD Track Coordinator	Exposure-based treatments for PTSD and anxiety disorders, assessment, issues specific to Returning Veterans	Supervision in Prolonged Exposure and case conceptualization from emotional processing theory perspective, Co-facilitation of In Vivo Group
Tiffany Bruder, PhD	Perry Point TIDES	DBT Clinical Service Team Lead, Returning Veterans Team Lead	Trauma-focused treatment, treatments targeting PTSD and common comorbidities including substance use and personality disorders, program development and evaluation, massed treatments, DBT	Training in massed treatment, supervision in program development/evaluation for the IOP, IOP DBT group
Christine Calmes, PhD	Baltimore PCT	Military Sexual Trauma Coordinator for VAMHCS; DBT Clinical Service	Working with Veterans with MST and with Veterans with PTSD and comorbid serious mental illness	Opportunities to co-facilitate a men's or women's MST group
Jessica Grossmann, PhD	Baltimore PCT	Baltimore PCT Coordinator, TRP Internship Track Coordinator, DBT Clinical Service	Addressing emotion dysregulation during EBPs for PTSD, DBT, Moral Injury, Reintegration issues among OEF/OIF/OND veterans	Program evaluation, consultation with other VA and community programs related to OEF/OIF/OND veterans, training in massed EBPs for PTSD
Daniel Koster, PsyD	VITAL	VITAL Coordinator	Assessment and treatment of PTSD, Baltimore's refugee and asylee community, ACT, MI	Involvement in VITAL outreach events (e.g., student-Veteran lunch and learns, faculty/staff trainings)
Jackie Mahoney, PhD	Perry Point TIDES	IPV champion at Perry Point	Evidence based psychotherapies for PTSD, especially Cognitive Processing Therapy, PTSD Assessment, Motivational Interviewing, Intimate Partner Violence	Mentored journal reviews, IOP groups
David O'Connor, PhD	Baltimore PCT	PTSD/SUD Specialist	Co-occurring PTSD and Substance Use Disorders (SUD)	Dual-Diagnosis process group, assessment
Erin Romero, PhD	All TRP Programs	VAMHCS Trauma Recovery Program and Dialectical Behavioral Services Program Manager; University of Maryland Assistant Professor; VISN5 PTSD Mentor; Data Manager for NCPTSD Mentor Program; Regional Trainer and Consultant for Cognitive Processing Therapy	Provision of EBP treatment for PTSD in underserved populations; massed PTSD EBP delivery; developing, implementing and measuring the effectiveness of innovative solutions to PTSD care; Measurement Based Care; program evaluation and promoting best practices in PTSD clinical design and care	Shadowing opportunities with NCPTSD projects, program evaluation, community outreach and presentations and at times provision of clinical supervision.
Natalie White, PhD	Perry Point PCT	Perry Point TRP Assessment Coordinator, Psychology Practice Council member	Dual dx PTSD/SUD, complex traumatic stress, OEF/OIF/OND veterans	Co-presenting to different programs at Perry Point on topics related to trauma, reviewing PP consults (including possible opportunity to complete e-consults), coordination of care with PP MHC and residential units
Brian Kok, PhD	Baltimore PCT	PCT clinician	TBI/polytrauma, use of EBPs to increase engagement and improve outcomes, neurocognitive rehabilitation	Acceptance and Commitment Therapy, CBT-SUD and neurocognitive rehabilitation

Training Faculty

Melissa Decker Barone, Psy.D. is the Track Coordinator for the VAMHCS Psychology Postdoctoral Fellowship, PTSD Emphasis, a Staff Psychologist in the PTSD Outpatient Team, and an Assistant Professor in the Department of Psychiatry University of Maryland School of Medicine. She served as the Director of Training for the VAMHCS/UMB Psychology Internship Consortium from 2010-2015. She completed a psychology internship and postdoctoral fellowship in the Trauma Recovery Program at the VA Maryland Health Care System. She received supervision and training in empirically supported treatments for PTSD, and is certified in Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy and Cognitive Behavioral Treatment for Insomnia. She has trained with Drs. Foa and Hembree to become a certified Prolonged Exposure consultant for the VA National Rollout Trainings. Dr. Barone has received training in Acceptance and Commitment Therapy (ACT), DBT, and the Unified Protocol over the course of her graduate studies, and her doctoral dissertation investigated the role of worry in experiential avoidance. Her research interests include treatment outcome research for empirically supported treatments for PTSD and dissemination of novel treatments for PTSD. Dr. Barone was honored to be the recipient of the Outstanding Supervisor Award, awarded by the 2009-2010 VA/UMB Internship Consortium class, and Outstanding Director of Training in 2014.

Tiffany Bruder, Ph.D. is a Staff Psychologist in the Baltimore PCT and is the Team Lead of the VAMHCS DBT Clinical Service and the Returning Veterans Program. She completed a psychology internship and

postdoctoral fellowship in the Trauma Recovery Program at the VAMHCS. She has received supervision and training in empirically supported treatments for PTSD, including Prolonged Exposure Therapy, Cognitive Processing Therapy, Concurrent Treatments of PTSD and SUD using Prolonged Exposure, and Written Exposure Therapy. She has also received extensive training in full model Dialectical Behavior Therapy. Dr. Bruder's research interests include program evaluation and development, massed treatments for PTSD, and improving patient engagement in empirically supported treatments for PTSD.

Christine Calmes, Ph.D. received her doctorate from the State University of New York-Buffalo and completed her pre-doctoral internship at the University of Maryland/VA Maryland Healthcare System (VAMHCS) consortium through the VA serious mental illness track. She completed one year of a post-doctoral fellowship through the MIRECC prior to taking a staff psychologist position in the Psychosocial Rehabilitation and Recovery Center (PRRC) at both Baltimore and Perry Point VA's. Several years ago, Dr. Calmes transitioned to a staff psychologist position in the Trauma Recovery Program (TRP) at the Perry Point VA. Dr. Calmes recently accepted a position as the Military Sexual Trauma Coordinator (MST) for the VA Maryland Healthcare System. Given her training and clinical experiences, Dr. Calmes has a special interest in treating Veterans with PTSD and comorbid serious mental illness, as well as Veterans with MST. Dr. Calmes primarily provides trauma-focused interventions, including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) to Veterans. Dr. Calmes is a VA provider of Cognitive Processing Therapy (CPT), Motivational Interviewing (MI), Interpersonal Psychotherapy (IPT) for depression, and Cognitive Behavioral Therapy for Insomnia (CBT-I).

Jessica Grossmann, Ph.D. is the Trauma Recovery and Dialectical Behavior Program Manager for the VA Maryland Health Care System and Track Lead for the Trauma Recovery Track of the VAMHCS/UM-SOM Psychology Internship Consortium. Dr. Grossmann completed her predoctoral internship at the Phoenix VA Health Care System, PTSD/General Mental Health track, and completed a postdoctoral fellowship specializing in PTSD and OEF/OIF/OND Veterans at the Durham VA Medical Center. During her training, Dr. Grossmann became certified in Cognitive Processing Therapy and Prolonged Exposure Therapy through the VA National Dissemination programs. She also received training in full-model Dialectical Behavior Therapy and other behavioral treatments for Veterans engaging in suicidal or other high-risk behaviors (such as substance use and non-suicidal self-injury). In addition to her clinical work, Dr. Grossmann's research interests focus on promoting best practices in community responses to help-seeking, and she participates in continued consultation and program evaluation projects. In her free time, she enjoys spending time with her family and friends, hiking with her dog, and exploring the Baltimore food scene.

Jaclyn Hutchinson, Ph.D. is a Staff Psychologist and trauma specialist at the Ft. Meade Community Based Outpatient Clinic. In 2014, she received her doctoral degree in Clinical-Community Psychology from Bowling Green State University. She completed her pre-doctoral internship in the SMI Track at the VA Maryland Health Care System and obtained further training in interventions for trauma and serious mental illness in her postdoctoral fellowship at the Durham VA Medical Center. She is a certified provider of Cognitive Processing Therapy and has also received training in Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Motivational Interviewing, Social Skills Training, and mindfulness-based interventions. Her clinical interests include third-wave cognitive-behavioral therapies and the use of EBPs with individuals with PTSD and co-occurring mental illness. Her research interests include factors that impact recovery in adults with serious mental illness, posttraumatic growth, suicide risk in PTSD, and family-based services and needs.

Brian Kok, Ph.D. is a staff psychologist at the Baltimore Trauma Recovery Program (TRP). He completed his internship at the Washington DC VAMC and his post-doctoral fellowship at the VAMHCS in the TRP. Dr. Kok is trained in the use of trauma-focused treatments, including Prolonged Exposure/COPE, Cognitive Processing Therapy, and Written Exposure Therapy. He also has additional training in Acceptance and Commitment Therapy, CBT-SUD, and neurocognitive rehabilitation. Dr. Kok has a number of research interests including risk factors for the development and maintenance of PTSD, the relationship between PTSD and mTBI, and examining the active duty to veteran transition period. Dr. Kok strives to deliver patient-centered care that emphasizes flexible, yet treatment-adherent, use of EBPs to encourage engagement and improve outcomes.

Daniel Koster, Psy.D. is the Veterans Integration to Academic Leadership (VITAL) coordinator for the VAMHCS. He completed his doctorate (Psy.D.) in clinical psychology at Loyola University Maryland in Baltimore. During graduate school, he conducted research and program-development focused on increasing access to mental health care for refugees and asylees. He completed a generalist predoctoral internship at the VA New Jersey Health Care System, where he trained in several settings, including a residential program for Veterans with PTSD. Dr. Koster completed his postdoctoral fellowship at the VAMHCS Trauma Recovery Program, a fellowship with an emphasis on providing evidence-based treatments for returning Veterans. On fellowship, Dr. Koster partially focused on intervention for co-occurring PTSD and substance use disorders. Dr. Koster is a certified provider in Cognitive Processing Therapy (CPT) for PTSD. He has additional training and experience in providing Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT) and Motivational Interviewing (MI). Dr. Koster is passionate about increasing access to mental health care, and in his current position, he applies this passion to aid the success of Veterans enrolled in higher education.

Jacqueline Mahoney, Ph.D. is a staff psychologist in the TIDES Intensive Outpatient Program for PTSD at the Perry Point campus. Dr. Mahoney received her doctoral degree from the University of Maryland Baltimore County, where she focused on assessment and treatment of individuals experiencing intimate partner violence. She completed her pre-doctoral internship at the VA Western New York Healthcare System and received further specialized training in PTSD during her postdoctoral fellowship at the University of Cincinnati Health Stress Center under the supervision of Dr. Kathleen Chard. Prior to coming to the VAMHCS, Dr. Mahoney worked for the Cincinnati VAMC/Cincinnati Education and Research for Veteran's Foundation, where she served as a clinical assessor for a study examining the reliability and validity of the CAPS-5 in active duty and military veterans. While in this position, she trained extensively under Dr. Frank Weathers in CAPS administration. Dr. Mahoney is a certified provider of Cognitive Processing Therapy (CPT) for PTSD and also has training and experience in Prolonged Exposure, Motivational Interviewing, and Acceptance and Commitment Therapy. Dr. Mahoney also enjoys teaching and serves as Adjunct Assistant Professor of Psychology at the University of Maryland, Global Campus (formally UMUC).

Moshe L. Miller, Psy.D. is a staff psychologist in the TIDES Intensive Outpatient Program for PTSD at the Perry Point campus. Dr. Miller received his doctoral degree from Loyola University of Maryland. He completed his pre-doctoral internship at the Washington DC VA Medical Center where he received specialized training in PTSD treatment. Prior to coming to the VAMHCS, Dr. Miller worked for the Washington DC VA Medical Center in the Trauma Services Program. While in this position, he ran Mindfulness, ACT, STAIR, and CPT group therapies as well supervised externs, pre-doctoral interns, and post-doctoral fellows. Dr. Miller is a certified provider of Cognitive Processing Therapy (CPT), Prolonged

Exposure (PE), Acceptance and Commitment Therapy (ACT), and Interpersonal Process Therapy (IPT) and has advanced training in Written Exposure Therapy (WET).

Dave O'Connor, Ph.D. earned his graduate degree in Clinical Psychology at the Florida State University in Tallahassee Florida. He completed his internship at the Baltimore VAMHCS in 2002 with specialized training in the assessment and treatment of substance use disorders (SUD), neuropsychological assessment, and medical psychology. Dr. O'Connor was hired here after internship and provided general assessment, individual and group SUD treatment, and student training in the Opiate Agonist Treatment Program. During this work he developed an interest in the treatment of co-morbid SUD and PTSD and was very excited in 2009 to accept the position of Addiction Psychologist assigned to the Trauma Recovery Program in which, he focuses on providing care to this dual diagnosis population. Dr. O'Connor has received training in Motivational Enhancement, Prolonged Exposure, Cognitive Processing Therapy, and Relapse Prevention. Provision of and training in psychological assessment has always been one of Dr. O'Connor's areas of interest and he has served on the Training Committee as Assessment Coordinator for the VA/UMB Internship Consortium from 2009-2015. He was highly gratified to be the recipient of the Outstanding Supervisor Award, awarded by the 2008-2009 VA/UMB Internship Consortium class.

Neil Weissman, Psy.D., has been an attending psychologist for the VA since 1992 and has supervised interns for these 19 years. He has completed a postdoctoral fellowship in the treatment of SMI from Sheppard Pratt and has received specialized training in CBT from the Beck Institute in Philadelphia. Dr. Weissman is also a certified supervisor in Emotionally Focused Couples Therapy from the International Center for Excellence in Emotionally Focused therapy.

Natalie Fala White, Psy.D., is a Staff Psychologist on the PTSD Clinical Team at the Perry Point VA Medical Center. She completed her predoctoral internship at the Richmond VA Medical Center and postdoctoral fellowship in the North Florida/South Georgia Veterans Health System. She has focused much of her training and research in the areas of PTSD and substance use disorders, with specific focuses on combat-related trauma, complex trauma, and co-morbid PTSD and substance abuse. Prior to starting with VAMHCS in 2018, she worked as the PTSD/SUD psychologist at the Gainesville VA Medical Center. She utilizes and is trained in various treatments to address veteran needs across different settings, including Prolonged Exposure Therapy, Cognitive Processing Therapy, Motivational Interviewing, and DBT Skills.

Shawn Whooley, Psy.D. earned her graduate degree in Clinical Psychology at Loyola College in Maryland. She completed a psychology internship at the Baltimore VAMHCS, and her post-doctoral fellowship training included shared time between the Trauma Recovery Program at the Baltimore VAMHCS and Trauma Services at Springfield State Hospital. Over the course of her graduate studies, Dr. Whooley has received training in Acceptance and Commitment Therapy (ACT), Prolonged Exposure Therapy, and DBT, as well as other empirically supported treatments for a range of mental health issues. Dr. Whooley works part-time at the Baltimore VA and part-time in private practice specializing in anxiety disorders. Her clinical and research interests include values based behavioral interventions such as ACT, mindfulness-based interventions, and the development and evaluation of treatment programs.

PTSD Postdoctoral Fellowship Alumni

2021-2022 Fellows:

Victor Bullock, PsyD, Clinical Psychology. Interned at the Lexington VAMC.
Current Position: Staff Psychologist, PTSD Clinical Team, Salem VAMC.
Katherine Grein, PhD, Clinical Psychology. Interned at the Salem VAMC.
Current Position: Staff Psychologist, VAMHCS Mental Health Clinic.

2020-2021 Fellows:

Michael Levy, PhD, Clinical Psychology, Interned at the St. Louis VAMC.
Current Position: Staff Psychologist, Suicide Prevention Team, Manhattan VAMC.
Ryan Salim, PhD, Clinical Psychology, Interned at the Medical College of Georgia/Charlie Norwood VA Medical Center.
Current Position: Staff Psychologist, PTSD Clinical Team, Bronx VAMC.

2019-2020 Fellows:

Brian Kok, PhD, Clinical Psychology, Interned at the Washington DC VAMC, Washington DC.
Current Position: Staff Psychologist, PTSD Clinical Team, Trauma Recovery Program, VA Maryland Health Care System.
Leah Taylor, PsyD, Clinical Psychology, Interned at the James A. Haley VAMC, Tampa, FL.
Current Position: Staff Psychologist, Steven A. Cohen Military Family Clinic at Easterseals.

2018-2019 Fellows:

Tiffany Bruder, PhD, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Staff Psychologist, PTSD Clinical Team, VA Maryland Health Care System.
Catherine Corno, PhD, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Staff Psychologist, ACT Intensive Outpatient Program, VA Maryland Health Care System.

2017-2018 Fellows:

Dan Koster, PsyD, Clinical Psychology, Interned at VA New Jersey Health Care System, Lyons, NJ.
Current Position: Staff Psychologist/VITAL Coordinator, MBC Champion, Trauma Recovery Program, VA Maryland Health Care System.
Carey Schwartz, PsyD, Clinical Psychology, Interned at the Denver VA Medical System, Denver, CO.
Current Position: Clinical Psychologist/Research Therapist, Fort Belvoir Community Hospital, Fort Belvoir, VA.

2016-2017 Fellows:

Amy Berman, PhD, Clinical Psychology, Interned at the VA Portland Health Care System, Portland, OR.
Current Position: Staff Psychologist, VA Portland Health Care System.
Chelsea Gloth, PhD**,** Clinical Psychology, Interned at the James A. Haley Veterans Hospital, Tampa, FL.
Current Position: Staff Psychologist, St. Louis VAMC.

2015-2016 Fellows:

David Austern, PsyD, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Clinical Psychologist, Clinical Instructor in the Dept of Psychiatry, NYU Langone Medical Center – Military Family Clinic
Neville Williams, PhD, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Staff Psychologist, PsychCare Psychological Services.

2014-2015 Fellow:
Elizabeth Malouf, PhD, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Staff Psychologist, VAMHCS Telehub, VA Maryland Health Care System.

2013-2014 Fellows:
Leah Blain, PhD, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Clinic Director, Stephen A. Cohen Military Family Clinic.
Onna Van Orden, PhD, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Assistant Professor of Clinical Psychology, Rockford University.

2012-2013 Fellows:
Emily Gilmore, PsyD, Clinical Psychology, Interned at the Pittsburgh VA Medical Center, Pittsburgh, PA.
Current Position: PTSD/SUD Specialist, Columbus VA Medical Center.
Rebecca Hoffman, PhD, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: PTSD Specialist, Iowa VA Medical Center Community Based Outpatient Clinic.

2011-2012 Fellows:
Julia Bosson, PhD, Clinical Psychology, Interned at the Atlanta VA Medical Center, Atlanta, GA.
Current Position: Staff Psychotherapist, Therapy Services – NYC.
Rachel Thompson, PhD, Clinical Psychology, Interned at the Medical College of Georgia/Charlie Norwood VA Medical Center, Augusta, GA.
Current Position: Staff Psychologist, PsychCare Psychological Services.

2010-2011 Fellows:
Michael Ferenschak, PsyD, Clinical Psychology, Interned at the Bay Pines VA Medical Center, St. Petersburg, FL.
Current Position: Assistant Director and Licensed Psychologist, Hopewell Springs Counseling Center
James Lickel, Ph.D., Clinical Psychology, Interned at VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Staff Psychologist, Director of Psychology Training, LEBPC / Mental Health Clinic and PTSD Clinical Team; Madison VA Medical Center.

2009-2010 Fellows:
Suzanne C. Leaman, PhD, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.

Current Position: Research Psychologist, Department of Medicine, Uniformed Services University, Trauma and Anxiety Recovery Program, Emory University
Erin G. Romero, PhD, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Trauma Recovery Program Manager, VA Maryland Health Care System

2008-2009 Fellows:
Kathleen Brundage, PhD, Counseling Psychology, Interned at Albany Psychology Internship Consortium, Albany, NY.
Current Position: Clinical Psychologist/PTSD Specialist, Rural Health Team, Portland VAMC.
Sara Nett, PsyD, Clinical Psychology, Interned at the Salem VAMC.
Current Position: Private Practice, Towson, MD

Current and past fellows have provided written consent for their names to be posted on our website.

TRACK-SPECIFIC INFORMATION: Primary Care-Mental Health Integration

Inquiries regarding the postdoctoral program should be sent via email to the Track Coordinator:

Melisa Schneider, Psy.D.
Track Coordinator, PC-MHI
VAMHCS (PP/MH/116)
Perry Point VAMC
Perry Point, MD 21902
Office: 410-642-2411 x22988
Melisa.Schneider@va.gov

Ideal Applicant

A successful candidate will have training in health psychology or brief interventions and preferably have experience working with Veterans addressing health-related behavior change or mental health diagnoses within a primary care setting. Embodiment of the scientist-practitioner model, including utilization of empirically-supported assessment and intervention and engagement in clinically-oriented research, is strongly valued.

Selection Procedures

The PC-MHI Training Committee will review completed applications that are submitted before the deadline and will extend invitations for interviews to take place virtually in late January. As noted, we will abide by APPIC's Postdoctoral Selection Standards and Common Hold Date (CHD) procedures.

Programmatic Statement Related to COVID-19

It is anticipated that the PCMHI fellow will accrue a combination of experience in the provision of telehealth and in-person care. At this time, many clinical services within primary care clinics are occurring in person, though this is subject to change based on the status of the COVID-19 pandemic and associated guidance and policies. We strive to collaborate with each fellow to develop individualized training plans. While working in primary care clinic, fellows are provided their own space as well as appropriate PPE. Telehealth methods will continue to be utilized, as appropriate.

PC-MHI Fellowship Specific Goals & Objectives

The goal of the post-doctoral fellowship in PC-MHI is to facilitate trainee development to independent psychologists who are leaders in the VA health care system and are able to provide thorough assessments and evidence-based treatments appropriate to the primary care setting; participate in program development, implementation, and evaluation (potentially including but not limited to needs assessments, group development, training, outreach activities, and formative and summative evaluations); conduct clinically relevant research; maintain sensitivity to cultural factors; and function effectively as fully integrated members of multidisciplinary treatment teams.

This fellowship emphasizes the integration of health and mental health within a Primary Care setting. Our goal in synthesizing these disciplines is to promote streamlined and efficacious clinical, educational, and research services. Our fellowship program recognizes the benefit of the practice of psychology in a

supervised environment that allows for mentoring and feedback to support the development of well-versed clinical scientists and practitioners. Fellows will be jointly supervised by psychologists with expertise in PC-MHI and health psychology. Additionally, fellows will primarily work within an interdisciplinary setting, allowing for frequent consultation with and training from physicians, social workers, pharmacists, and nursing staff. Progress towards development of core competencies will be routinely assessed and fellows will be given increased autonomy with respect to clinical, research, administrative and educational roles, as appropriate.

At the end of the fellowship year, fellows in the PC-MHI Fellowship Track should meet the minimum levels of achievement for all Level 1 and Level 2 Comptencies and track-specific goals/competencies as identified within the competency evaluation measure (see Appendix B).

PC-MHI Fellowship Training Structure

**The fellow will complete two, six-month rotations in different primary care settings. One rotation will occur within the Baltimore VA Primary Care Clinic and the other will occur within the Primary Care Clinic at the Perry Point VA or one of the Community-Based Outpatient Centers. The goals are the same across the clinical settings. The fellow will also have time allocated for experiences in other clinics/training activities that are in alignment with program goals and their individualized training plans.

1. The fellow will participate in Primary Care Clinic within the Primary Care-Mental Health Integration program on a daily basis, providing co-located collaborative care. The fellow's main role is to provide triage services and brief (20-30 minute), functional assessment and brief (up to 6 sessions), empirically-supported treatment to patients referred by primary care staff. The fellow will also be expected to attend staff meetings and provide both formal and informal training and consultation to providers as requested (70%).

2. Training/supervision/didactics (20%).

3. Program Development/Evaluation (10%).

Training Sites and Experiences

<u>Baltimore Primary Care Clinic</u>

The fellow will spend the majority of their time in the Baltimore Primary Care Clinic. The primary care clinic in Baltimore is a large, urban clinic, with approximately 25 primary care providers (including physicians and mid-level providers) and 37 internal medicine residents serving 17,000 Veterans. The average age of Veterans in this clinic is 60 and the majority are male (90%). Veterans receive care within Patient Aligned Care Teams (PACT), which are patient-centered medical homes that are structured to provide coordinated, accessible, and patient-centered healthcare. PACT teams include physicians, registered nurses, licensed practical nurses, social workers, and pharmacists. As all PC-MHI providers do, the fellow will function as an integrated member of the PACT by providing consultation to primary care providers and the PACT teams, having availability to see patients on the day of their primary care visit, and attending and contributing to PACT team meetings. Additionally, PC-MHI has a psychiatrist and psychiatry residents who are co-located about 12-20 hours per week. This is an excellent resource for PC-MHI psychologists/fellows as well as PACT members regarding psychotropic medication appropriate to a primary care setting.

Primary Care-Mental Health Integration follows an open access, co-located collaborative care model. The fellow will complete problem-focused, brief assessments of all Veterans referred to PC-MHI. Veterans are referred for a variety of mental health reasons including depression, anxiety, stress management, substance use, insomnia, stress management, and crisis management. Additional common referrals include tobacco cessation and behavioral management of chronic pain and other chronic medical conditions (such as hypertension and diabetes mellitus). Brief interventions (2-6 sessions) commonly implemented in this clinic include: 1) Motivational Interviewing to address a variety of health behavior changes including reducing/abstaining from substances, weight loss, and tobacco cessation; 2) Cognitive Behavioral Therapy (including acceptance- and mindfulness-based approaches, where appropriate) for depression, anxiety, insomnia, and chronic pain; 3) Relapse prevention strategies to facilitate abstinence from substances and maintenance of other health behavior changes.

Baltimore Women's Health Clinic

The Baltimore VA's Center for Women's Health is a specialty clinic providing women's health and primary care services to women Veterans. Many providers from the general Primary Care Clinic spend one or more days each week providing care within the Women's Health Clinic, which is located one floor up from primary care in the main hospital. PC-MHI fellows frequently receive referrals from Women's Health staff and may have the opportunity to engage in program development within that clinic if that is of interest.

Baltimore Infectious Disease Clinic

The Infectious Disease clinic houses primary care for veterans with HIV. This clinic meets on Wednesday and Thursdays from 8a-12p. The fellow has the opportunity to provide open access collocated collaborative care. Brief functional assessments and brief treatment are provided in this clinic. Fellows also have the opportunity to complete brief cognitive screeners as well as PrEP evaluations for veterans at risk of contracting HIV.

Perry Point VAMC Primary Care Clinic

The fellow also has the opportunity to work in a rural setting. The primary care clinic at Perry Point VAMC is a smaller clinic with 7 PACT teams. PC-MHI provides open access, collocated collaborate care. PC-MHI experiences are similar as described above under Baltimore Primary Care Clinic.

Fort Meade Community Based Outpatient Clinic

The fellow can also have the opportunity to work in a suburban setting. The primary care clinic at Fort Meade CBOC is a smaller clinic with 6 PACT teams. PC-MHI provides open access, collocated collaborate care. PC-MHI experiences are similar as described above under Baltimore Primary Care Clinic.

Assessment Approach

Fellows will have the opportunity to provide brief (30 min.), targeted behavioral health assessments for Veterans who are referred by their primary care team. The purpose of assessments in PC-MHI is to clarify the presenting problem and triage the Veteran to the appropriate treatment setting. Fellows will be encouraged to gain experience conducting health psychology evaluations. These experiences may involve completing the mental health portion of pre-surgical (transplant and bariatric) work-up. There may also be opportunities to conduct cross-sex hormone therapy evaluations for transgender Veterans seeking masculinizing or feminizing hormone therapy.

Research & Program Development/Evaluation

Fellows will be assigned a program development/research mentor and will be allotted up to 4 hours of protected time each week for research tasks. Fellows will have access to SPSS and SAS for data analysis. Fellows are expected to work on a research project for the duration of the training year under the direction of identified mentor(s). The ultimate goal would be to present findings at a regional or national conference.

Training/Didactics

Fellows will be exposed to a broad range of didactic activities. The fellow will complete the National VHA PC-MHI competency training which is currently a 20 hour virtual training with roleplays at the end of the training. Within PC-MHI, the fellow will participate in twice monthly consultation calls with PC-MHI staff across VAMHCS. Within Health Psychology, the fellow will attend a monthly Health Psychology Consultation meeting and present cases and provide feedback to the other team members. Additionally, monthly professional development and supervision seminars with other VAMHCS psychology fellows will be part of the fellow's training experience. A monthly diversity seminar call across the VA nationally is also available to the fellow. Within the VAMHCS, there is a mental health diversity committee that the fellow is welcomed to participate in on a monthly basis. The fellow will also have the opportunity to attend didactics of interest held within the trauma, neuropsychology, and MIRECC fellowships.

Supervision

The fellow will receive a minimum of 2 hours of individual supervision and 2 hours of group supervision each week by a licensed psychologist. Additionally, tiered supervision will be an integral part of the trainee's experience during fellowship. Specifically, the fellow will have the opportunity to supervise pre-doctoral interns and externs who are completing health psychology rotations in primary care. The fellow will learn and apply various models of supervision to their practice. Additionally, the fellow will receive supervision of their supervisory experiences by a licensed psychologist.

Supporting Literature

Integrated care can increase access to mental health care, reduce the burden on specialty mental health clinics, and modify willingness of primary care providers to address mental health concerns (Brawer, Martielli, Pye, Manwaring, & Tierney, 2010; Felker et al., 2004). It may also serve to reduce the stigma associated with mental health treatment, as a higher number of patients engage in treatment when it is integrated into primary care versus when it is delivered in specialty mental health (Bartels, 2004). Primary care providers have positive perceptions of integrated care, with the majority reporting that integrated care leads to better communication between primary care providers and mental health providers, less stigma, better coordination of care, and better management of depression, anxiety, and alcohol problems (Gallo et al, 2004).

Brief Interventions: Interventions utilized in this setting are brief and evidence-based. When designing interventions, PC-MHI clinicians take into consideration the best available evidence along with patient characteristics and clinical expertise to develop a treatment plan that is grounded in research and also tailored to each individual Veteran's specific needs. Given the breadth of patients seen in primary care, only a review of some of the most common interventions will be discussed. Examples of common interventions include behavioral activation, brief CBT, and motivational interviewing.
Brief (4 session) primary-care based behavioral activation has been shown to reduce symptoms of both anxiety and depression in Veterans (Gros & Haren, 2011). Brief CBT has been shown to be effective in the treatment of depression and anxiety (Cape, Whittington, Buszewicz, Wallace, & Underwood, 2010; Nieuwsma, 2012). A recent Cochrane review found that CBT for pain has positive effects on disability,

mood, and pain catastrophizing (Williams & Eccleston, 2012). Initial research suggests that brief (4-6 sessions) cognitive-behavioral treatment for PTSD in primary care may improve symptoms of PTSD and depression for younger Veterans (Cigrang et al., 2011). Brief behavioral intervention has been shown to be effective in treating insomnia (Buysse, 2011). Finally, brief motivational interviewing has been shown to reduce risky drinking behavior (Brown et al., 2010).

Training Faculty

Rachel Austin, Psy.D. earned her doctorate in Clinical Psychology at Nova Southeastern University with a specialized focus in health psychology. Dr. Austin completed her pre-doctoral internship at the Hunter Holmes VA Medical Center, followed by a postdoctoral fellowship at The Center for Eating Disorders at Sheppard Pratt Hospital. Dr. Austin worked for several years at a Federally Qualified Healthcare Center (FQHC) in Baltimore City, providing co-located, collaborative behavioral healthcare in an integrated health setting with underserved populations. Dr. Austin has experience providing LGBTQ-affirmative care, pre-surgical clearance evaluations (transplant, bariatric, gender affirming surgery), and is certified in CBT-Insomnia (CBT-i) and IPT for Reproductive Mental Health (IPT-RMH). She utilizes a biopsychosocial approach to treatment, and interventions are tailored to meet the individual needs of the Veteran. Areas of expertise include integrative health, perinatal mental health, behavioral medicine, disordered eating, health promotion and disease management.

Nikki (Nicole) Ryan, Psy.D. earned her doctorate in Clinical Psychology at Philadelphia College of Osteopathic Medicine. Dr. Ryan completed her pre-doctoral internship here at the VAMHCS within the Health Psychology track, with training in consultation and liaison, pre-surgical clearance evaluations (transplant, bariatric), neurology and chronic pain, hospice and palliative care, and MST group treatment. Dr. Ryan then completed a postdoctoral fellowship at the VAMHCS in PC-MHI. Prior to obtaining her doctorate degree, Dr. Ryan worked as an addiction's counselor on an inpatient psychiatric unit with Penn Medicine. Dr. Ryan has experience working in several primary care centers providing individual and group therapy in co-located, collaborative behavioral healthcare in integrated health settings. Her approach to treatment is grounded a biopsychosocial framework, with attention to trauma-informed care and diversity-related issues. Dr. Ryan works collaboratively with Veterans to identify their specific treatment needs and goals and utilizes Cognitive Behavioral Therapy, Motivational Interviewing, Acceptance and Commitment Therapy, and mindfulness-based approaches. Dr. Ryan is also passionate about better understanding social determinates of health, empowering Veterans to engage in health-related behavior change and preventive healthcare and building provider wellness initiatives.

Melisa Schneider, Psy.D. earned her doctorate in clinical psychology from La Salle University with a health psychology concentration. She focused on chronic pain, coping, and acceptance of pain during her graduate training. She completed her internship at the Miami VA Medical Center, with training in the psychological assessment and treatment of various geriatric and medical patient populations, including cancer, medical inpatient consultation and liaison, hospice/palliative care, chronic pain, and transplant. She then completed a one-year postdoctoral fellowship at Salem VA Medical Center, with a focus on primary care-mental health integration and behavioral medicine (chronic pain, diabetes, transplant, and bariatric surgery candidates). Dr. Schneider has worked in collocated primary care and medical clinics for 10+ years. Dr. Schneider's career experiences have focused on integrative collocated

collaborative care, chronic disease management, coping with chronic illness, health behavior changes, and chronic pain management.

Christina Pimble, Psy.D. earned her doctorate in clinical psychology from The Philadelphia College of Osteopathic Medicine. She focused on health psychology and integrated care during her graduate training. She completed her internship at the Philadelphia College of Osteopathic Medicine Center for Brief Therapy, with training in Primary Care and Behavioral Health collocated care. She then completed a one-year postdoctoral fellowship at Salem VA Medical Center, with a focus on Primary Care-Mental Health Integration and behavioral medicine, including brief therapy in primary care, oncology, and chronic pain, as well as assessment for transplant and bariatric surgery candidates. Dr. Pimble then worked at the Salem VA Medical Center in the Center for Interdisciplinary Pain Management, focusing on chronic pain management in interdisciplinary settings. She also chaired the hospital pain committee and is a National CBT-CP consultant. Dr. Pimble's current work focuses in collocated collaborative care at the Fort Meade Community Based Outpatient Clinic.

Postdoctoral Fellowship Alumni

Vijay Bajnath, PsyD (2021-2022); Current employment: Staff Psychologist at Tampa VAMC
Rolanda Robinson, PhD (2021-2022); Current employment: Clinical Psychologist, The Ohio State University Wexner Medical Center, Department of Neurology
Nikki Ryan, PsyD (2020-2021); Current employment: Staff Psychologist at VA Maryland HCS
Sonia Mims, PhD (2019-2020); Current employment: Staff Psychologist at Washington VAMC
Julia Huston, PhD (2018-2019); Current employment: Staff Psychologist at Richmond VAMC
Karen Jordan, PhD (2017-2018); Current employment: PC-MHI Psychologist at Salt Lake City VAMC

TRACK-SPECIFIC INFORMATION: HIV/Liver Diseases

Inquiries regarding the postdoctoral program should be sent via email to the Track Coordinator:

Meagan Layton, Ph.D.
Track Coordinator, HIV/Liver Diseases
VAMHCS (BT/MH/116)
10 N. Greene Street
Baltimore, MD 21201
Office: 410-605-7415; VA mobile: 443-421-6015
Meagan.Layton@va.gov

Ideal Applicant

An ideal candidate will have a strong background in health psychology and have some neuropsychology interest and experience. Extensive experience working with Veterans with HIV and/or liver diseases is not required but an interest in working with these populations is essential. Embodiment of the scientist-practitioner model, including utilization of empirically-supported assessment and intervention and engagement in clinically-oriented research, is strongly valued.

Selection Procedures

The HIV/Liver Diseases Training Committee will review completed applications that are submitted before the deadline and will extend invitations for interviews to take place virtually in late January. As noted, we will abide by APPIC's Postdoctoral Selection Standards and Common Hold Date (CHD) procedures.

Programmatic Statement Related to COVID-19

It is anticipated that the HIV/Liver Diseases fellow will accrue a combination of experience in the provision of telehealth and face-to-face care (with appropriate PPE). At this time, most intake and assessment services are occurring in person, though this is subject to change based on the status of the COVID-19 pandemic and associated guidance and policies. An individualized training plan will be established that allows for customization based on the fellow's goals and personal circumstances, while ensuring adherence to core training competencies and institutional policies.

HIV/Liver Diseases Fellowship Program Goals & Objectives

The goal of the post-doctoral fellowship in HIV/Liver Diseases is to facilitate trainee development to independent psychologists who are leaders in the VA health care system and are able to conduct comprehensive assessments, provide evidence-based treatments, participate in program development (including conducting needs assessments, participation in outreach activities), conduct research, maintain sensitivity to cultural factors and other aspects of diversity, and function as members of interdisciplinary treatment teams.

This fellowship emphasizes the integration of health and neuropsychology to address the complex behavioral, mental, and physical needs of Veterans with chronic health conditions. Although the fellowship has historically emphasized Veterans with HIV and liver diseases (with a focus on HCV), there

are ample opportunities to tailor the training experience to meet a trainee's goals in a broad range of medical settings. Our goal in synthesizing these disciplines is to promote streamlined and efficacious clinical, educational, and research services. Our fellowship program recognizes the benefit of the practice of psychology in a supervised environment that allows for mentoring and feedback to support the development of well-versed clinical scientists and practitioners. Fellows will be jointly supervised by psychologists with expertise in health psychology, neuropsychology, and other disorders all of whom are experienced in working with Veterans with chronic health conditions. Additionally, fellows will spend a significant proportion of their time working within interdisciplinary settings. Progress towards development of core competencies will be routinely assessed and fellows will be given increased autonomy with respect to clinical, research, administrative and educational roles, as appropriate.

At the end of the fellowship year, fellows in the HIV/Liver Diseases Fellowship Track should meet the minimum levels of achievement for all Level 1 and Level 2 Comptencies and track-specific goals/competencies as identifeid within the competency evaluation measure (see Appendix B).

HIV/Liver Diseases Fellowship Training Structure

**Rather than rotations, the fellow will split time among various clinics/training activities for the duration of the 1-year fellowship.

1. The fellow will participate in the interdisciplinary Infectious Disease (ID) and other medical clinics, such as Gastroenterology-Advanced Liver Disease (GI-ALD), Endocrinology, Sleep Medicine, Oncology clinics providing consultation, assessment, and treatment (35%).

2. The fellow will participate in brief and comprehensive neuropsychological evaluation and cognitive rehabilitation for Veterans with chronic health conditions, including HIV and liver diseases (25%).

3. Training/supervision/didactics (20%).

4. Research (20%).

HIV/Liver Diseases Fellowship Training Sites and Experiences

Fellows will primarily be stationed in clinics at the Baltimore VAMC, though some clinical experiences, supervision, and/or research will take place at the Baltimore VA Annex.

<u>Infectious Disease and Gastroenterology-Advanced Liver Disease Clinics</u>

The fellow will spend 35% of their time addressing referrals from and providing co-located care in the Infectious Disease and Gastroenterology-Advanced Liver Disease clinics.

The ID clinic includes a primary care clinic for individuals with HIV. Health psychology and neuropsychology have had a strong presence within the ID clinic at the VAMHCS over the past decade. The ID clinic consists of an interdisciplinary team of Medical Doctors, Mid-level providers, Infectious Disease fellows, Clinical Pharmacists, Registered Nurses, a Health Psychologist, and a Social Worker. Health psychology has an office during the ID clinic times (on Wednesday and Thursday mornings). During the clinic, the medical providers and nurse case managers regularly consult and refer Veterans as warm handoffs with a wide range of mental health concerns, cognitive symptoms, and health behavior change needs. Health psychology generally is available to meet with the Veteran that day to provide assessment, treatment, and determine appropriate mental health follow-up. Neuropsychology staff are not presently co-located but are able to consult with interdisciplinary team members and speak with

Veterans regarding neuropsychological assessment procedures. Within the ID clinic, the HIV/Liver Diseases fellow will have the opportunity to work closely with medical Infectious Disease Fellows.

Health psychology follows an open access collocated collaborative care model within the ID clinic. The fellow will complete brief, problem-focused assessments of Veterans referred from the ID clinic for variety of mental health and health and behavior related concerns. Possible presenting concerns include depression; anxiety; stress management; substance use; insomnia; psychotic disorders; coping/adjusting to HIV, HCV, or other chronic diseases; tobacco cessation; and behavioral management of chronic medical conditions including diabetes, obesity, and hypertension. Brief interventions (2-6 sessions) will be implemented within this clinic to include: 1) Utilizing Motivational Interviewing to address a variety of health behavior changes including reducing/abstaining from substances, cART/medication adherence, weight loss, tobacco cessation, implementation of compensatory cognitive strategies; 2) Brief Cognitive Behavioral Therapy for depression, anxiety, insomnia, and chronic pain; 3) Relapse prevention strategies to facilitate abstinence from substances; 4) sexual risk reduction counseling. Based on the fellow's training goals, there may also be the opportunity for some longer-term health and behavior focused interventions. Health psychology is also routinely involved with treatment readiness evaluations for HCV treatment and PrEP for HIV prevention. These evaluations assess for readiness and mental health stability in the context of consideration for treatment initiation. The fellow will assess the Veteran's knowledge of treatment, medication/medical treatment adherence as well as past/current mental health and social functioning. Brief assessments such as the BDI-II, PHQ-9, GAD-7, and MoCA are routinely given. The fellow will provide recommendations to the Veteran and the treatment team.

The GI clinic consists of an interdisciplinary team of Medical Doctors, GI/Hepatology Fellows, and Mid-Level Providers. Health psychology generally serves in a consultative role within GI, completing brief problem-focused assessments for referrals. Common presenting concerns include assessment and brief motivational interviewing/relapse prevention treatment for alcohol and substance use, problem-solving barriers to engagement and adherence to treatment, and health behavior change (e.g., weight loss for non-alcoholic fatty liver disease, medication adherence). Health psychology has also served on the GI tumor board to provide psychosocial recommendations for treatment considerations, including as part of work-up for liver transplants. The fellow will also develop assessment competency through completion of mental health evaluations to assist with determining liver transplant candidacy among Veterans with HCV and other liver diseases. Specifically, they will complete a thorough chart review, psychosocial interview, and administer and interpret screening measures of cognitive status, mood, and personality. The fellow will develop a competency in identifying contraindications and appropriate recommendations to the Veteran's treatment team.

<u>Other Health Psychology Experiences</u>

Health psychology is integrated into various medical clinics in the Baltimore VA, including endocrinology/weight management, oncology, and sleep medicine and thus allows for the opportunity to tailor the training experiences to the fellow's goals and desired clinical experiences. In these contexts, the fellow will complete brief, health psychology evaluations that may inform the team's approach to care, as well as oversee specialty mental referrals and/or in-clinic follow-up for brief psychological intervention. Specific recommendations to the team frequently consist of ways in which to improve communication/rapport with the Veteran, to increase health literacy, and to reduce adherence difficulties. The fellow may also provide brief therapy to Veterans who experience difficulty adhering to the medication regimen, difficulty maintaining healthy lifestyle changes, or adjustment to chronic health conditions.

Neuropsychology Clinical Experiences

Neuropsychology generally functions as a consultation/liaison model within the ID and gastroenterology-advanced liver disease clinics, with potential to provide some co-located care based on the fellow's goals, Veteran needs and preferences, and resources (e.g., staffing, space). Veterans are referred for neuropsychology evaluations by ID/GI providers for a variety of indications such as characterization of neurocognitive function to inform treatment recommendations, assessment of cognition for the purpose of differential diagnosis (e.g., HIV-associated neurocognitive disorder, hepatic encephalopathy, different causes of dementia vs. delirium), and evaluation of neurocognitive function in Veterans with subjective cognitive concerns.

In terms of neuropsychology-oriented training experiences, the fellow will have the opportunity to work with Veterans with infectious diseases, including HIV/AIDS, different forms of liver dysfunction, and other chronic health conditions. Fellows will participate in interdisciplinary consultation and collaboration, neurocognitive risk assessment, and brief and comprehensive neuropsychological evaluations. Neuropsychological evaluation approaches are empirically-derived, with an emphasis on customizing approach based on the referral context and several other factors such as demographic characteristics, culture, relevant medical and mental health information, sensory and physical function, developmental and educational history, and psychosocial circumstances. Veterans are provided feedback regarding neuropsychological evaluations. Tailored plans to address cognitive symptoms and associated functional impact are developed in collaboration with the Veteran and other care providers, as appropriate. The fellow will also have the opportunity to provide neuropsychology-oriented interventions such as individual and group cognitive rehabilitation and other cognitive wellness initiatives.

Assessment Approach

Fellows will engage in empirically-based assessment approaches for evaluation of health-related behaviors, health literacy, psychological function, personality structure, cognitive function, quality of life, and daily function.

Research

At the outset of the training year, the fellow's research/program evaluation experiences, interests, and goals will be discussed. Research mentor(s) will be assigned accordingly and in a collaborative manner. The fellow will be allotted up to 8 hours of protected time each week for research or program evaluation tasks. At present, Neuropsychology staff in conjunction with Neurology/Geriatrics and ID staff have approved IRB protocols in place to support ongoing clinical research. Investigations to date have focused on examination of the extent to which infectious disease markers and medical comorbidities account for variance in neurocognitive function among Veterans with HIV and/or HCV. Fellows will be encouraged to attend and present data at a minimum of one health psychology, neuropsychology, or HIV/liver disease specific conference during the training year.

Training/Didactics

Fellows will be exposed to a broad range of didactic activities through the Infectious Disease, Health Psychology and Neuropsychology clinics. The fellow's schedule will be adapted in order to accommodate attendance at the weekly National HIV/Liver Diseases Psychology Postdoctoral Seminar Series.

Within Health Psychology, the fellow will attend a monthly Health Psychology Didactic Seminar and present on various topics related to health psychology or lead a case presentation. They will also participate in a national VA Primary-Care Mental Health Integration Competency Training. Within the Neuropsychology Service, they will have the opportunity to participate in the following didactics: Neuropsychology Fellow Distance Learning, VAMHCS neuropsychology assessment group supervision, VAMHCS neuropsychology treatment group supervision, and Neurology Grand Rounds. The HIV/Liver Diseases Fellow will be responsible for leading case conference in assessment and treatment supervision on a rotational basis. Additionally, fellows will also participate in a group regarding the provision of supervision, a professional development seminar with other VAMHCS psychology fellows, and a national diversity VTEL. The fellow will also have the opportunity to attend didactics of interest held within other fellowship training tracks. Please see Appendix A for additional information.

Supervision

The fellow will receive a minimum of 2 hours of individual supervision and 2 hours of group supervision each week by a licensed psychologist. Additionally, tiered supervision will be an integral part of the trainee's experience during fellowship. Specifically, the fellow may have the opportunity to supervise pre-doctoral interns and/or externs who are completing health psychology and/or neuropsychology rotations. The fellow will learn and apply various models of supervision to their practice. Additionally, the fellow will receive supervision of their supervisory experiences by a licensed psychologist.

Training Faculty

Moira Dux, Ph.D. is the VAMHCS Psychology Training Program Director. Dr. Dux earned a doctorate in clinical psychology from Rosalind Franklin University of Medicine and Science, in the program's neuropsychology track. She completed her pre-doctoral training (neuropsychology track) at the VA Maryland Health Care System/ University of Maryland Medical Center. She then completed a research neuropsychology fellowship at the Baltimore VA. Dr. Dux was the recipient of a VA Career Development Award examining the effects of high-intensity aerobic exercise on autonomic, cognitive, and affective function post-stroke. Primary research interests include evaluation of exercise and cognitive rehabilitation therapies to improve cognitive, psychological, and physical function in patients with neurologic conditions and/or infectious diseases (e.g., HIV/HCV, stroke, MS).

Meagan Layton, Ph.D. is the VAMHCS Health Psychology Program Manager and the Track Coordinator for the VAMHCS Clinical Psychology Fellowship with an Emphasis in HIV/Liver Diseases. Dr. Layton received her Ph.D. with a dual emphasis in Clinical Psychology and Behavioral Medicine in 2018 from the University of Maryland Baltimore County. Her clinical research was largely focused on health behavior change, particularly substance use, informed by the Transtheoretical Model of Intentional Behavior Change. Her clinical training was as a generalist including with court-mandated perpetrators of intimate partner violence, patients with varying neurological conditions (e.g., MS, chronic pain syndromes, TBI), and patients with substance use disorders. She completed her internship at the VA Maryland Health Care System (VAMHCS)/University of Maryland School of Medicine Consortium in the generalist track with major rotations in the Trauma Recovery Program, PC-MHI, and Mental Health Clinic, along with a minor in Health Psychology. She stayed at the VAMHCS for a Clinical Health Psychology Fellowship with an emphasis in HIV/Liver Diseases. Dr. Layton later accepted a staff position at the VAMHCS first as the PC-MHI psychologist for the Eastern Baltimore CBOC and now as a Health Psychologist in Baltimore. She also serves as the team leads for the VAMHCS CBT-I and Health Psychology teams. Dr. Layton's clinical

interests include the application of motivational interviewing in a variety of clinical populations and working collaboratively with interdisciplinary teams to promote patient engagement and outcomes.

Melisa Schneider, Psy.D. Dr. Schneider earned her doctorate in clinical psychology from La Salle University with a health psychology concentration. She focused on chronic pain, coping, and acceptance of pain during her graduate training. She completed her internship at the Miami VA Medical Center, with training in the psychological assessment and treatment of various geriatric and medical patient populations, including cancer, medical inpatient consultation and liaison, hospice/palliative care, chronic pain, and transplant. She then completed a one-year postdoctoral fellowship at Salem VA Medical Center, with a focus on primary care-mental health integration and behavioral medicine (chronic pain, diabetes, transplant, and bariatric surgery candidates). Dr. Schneider's career experiences have focused on chronic disease management, coping with chronic illness, health behavior changes, and chronic pain management.

Terry Lee-Wilk, Ph.D. Dr. Lee-Wilk is the Program Manager of Neuropsychology & Consultative Psychology. Dr. Lee-Wilk earned a doctorate degree in clinical/community psychology from the University of Maryland College Park. She completed her pre-doctoral internship at the University of Maryland Baltimore in Child & Adolescent Psychiatry, followed by a two-year postdoctoral fellowship in Neuropsychology at the VAMHCS/University of Maryland School of Medicine. She is a lifespan neuropsychologist who has trained and/or been employed at Children's National Medical Center and Kennedy Krieger Institute Departments of Neuropsychology. She is the lead neuropsychologist at the VA Multiple Sclerosis Centers of Excellence-East and serves as Adjunct Assistant Professor in the Department of Neurology at the University of Maryland School of Medicine. She has been integral to clinical initiatives, program development, and research related to cognition among Veterans with infectious diseases.

Postdoctoral Fellowship Alumni

- Linda Ruiz, Ph.D. (2019-2020); Current employment: Assistant Professor of Clinical Neurology, Neuropsychology Division, Yale School of Medicine
- Meagan Layton, Ph.D. (2018-2019); Current employment: VA Maryland HCS (Health Psychology Team Lead)
- Shayla Thrash, Ph.D. (2017-2018); Current employment: VA Maryland HCS (Substance Use Treatment Program)
- Pamela Handelsman, Psy.D. (2016-2017); Current employment: Fox Chase Cancer Center, Temple Health
- Arianna Perra, Psy.D. (2014-2015); Current employment: Pain Psychologist at Mary Free Bed Rehabilitation Hospital

TRACK-SPECIFIC INFORMATION: Substance Use Disorders (SUD Emphasis)

Inquiries regarding the postdoctoral program should be sent via email to the Track Coordinators:

James Finkelstein, Psy.D.
VAMHCS (BT/MH/116)
10 N. Greene Street
Baltimore, MD 21201
Office: 410-605-7427
James.Finkelstein2@va.gov

Arthur Sandt, Ph.D.
VAMHCS (BT/MH/116)
10 N. Greene Street
Baltimore, MD 21201
Office: 410-605-7369
Arthur.Sandt@va.gov

Ideal Applicant

A successful candidate will have training and interest in both SUD and contextual-behavioral therapies, and preferably have experience working with Veterans with addictions issues. Embodiment of the scientist-practitioner model, including utilization of empirically-supported assessment and intervention and engagement in clinically-oriented research, is strongly valued.

Selection Procedures

The SUD Track Coordinators will review completed applications that are submitted before the deadline and will extend invitations for interviews to take place virtually in late January. As noted, we will abide by APPIC's Postdoctoral Selection Standards and Common Hold Date (CHD) procedures.

Programmatic Statement Related to COVID-19

Currently, SUD fellowship activities are occurring via a combination of remote and on-site work and include both the provision of telehealth and in-person care. We collaborate with each fellow to develop individualized training plans to identify specific training elements and appropriate modalities of clinical care and supervision. Telehealth and telesupervision will continue to be utilized, as indicated, and in accordance with VAMHCS, OAA, and APA guidelines. For on-site work, there are screening policies and all individuals are required to wear personal protective equipment provided by the VAMHCS (PPE; e.g., surgical masks, face shields, etc.). The SUD fellow will be provided ample resources to engage in both remote and on-site training.

SUD Fellowship Program Goals & Objectives

The goal of the postdoctoral fellowship in SUD is to facilitate trainee development to independent psychologists who are clinical leaders in the VA health care system. This individual will be able to provide evidence-based treatments, conduct comprehensive assessments, lead and implement program development (including conducting needs assessments and outcome data), maintain sensitivity to cultural factors, provide clinical supervision, and function as a member of an interdisciplinary treatment team.

This fellowship emphasizes the functional and contextual basis of addictive behaviors and its interaction with the complex behavioral, mental, and physical needs of Veterans who present with SUD. Our fellowship track recognizes the benefit of utilizing a transdiagnostic approach to inform treatment

offerings, to provide a patient-centered, holistic, and comprehensive approach to address the complex issues of Veterans presenting for SUD treatment. To further this aim, this fellowship track will rely heavily on functioning as a psychologist and team member of an interdisciplinary treatment team to further support the development of well-rounded scientist-practitioners. Our fellowship program recognizes the benefit of the practice of psychology in a supervised environment that allows for mentoring and feedback to support the development of well-versed scientist-practitioners. Fellows will be jointly supervised by psychologists with expertise in contextual-behavioral therapies for addictions, and a wide range of co-occurring psychological disorders and comorbid health concerns.

This fellowship track will involve the fellow receiving training across various levels of care with the greater Substance Abuse Treatment Program, including an intensive outpatient and general outpatient program. Our goal in synthesizing training across levels of care is to promote streamlined and efficacious clinical, educational, and research services, and to enrich the training opportunity for fellows to become well-rounded psychologists capable of meeting variable needs of SUD and dual diagnosis populations. Progress towards development of core competencies will be routinely assessed and the fellow will be given increased autonomy with respect to clinical, research, administrative and educational roles, as appropriate.

At the end of the fellowship year, fellows in the SUD Fellowship Track should meet the minimum levels of achievement for all Level 1 and Level 2 Competencies and track-specific goals/competencies as identified within the competency evaluation measure (see Appendix B).

SUD Fellowship Training Structure

This fellowship track is a 1-year, full-time, postdoctoral experience, with an average of 40 hours worked per week. The emphasis of the training program is on development of clinical skills, but there is an expectation that fellows participate in ongoing program development and program evaluation efforts.

The fellow will share time among various clinics/training activities for the full duration of the 1-year fellowship. The distribution of effort is approximated below:

1. Clinical activities (65%)
2. Training/didactics (10%)
3. Provision of supervision (10%)
4. Program development and evaluation (15%)

SATP Fellowship Training Sites and Experiences

Fellows will be operating remotely and in clinics at the Baltimore VAMC, though some clinical experiences, supervision, research, and/or didactics will take place at nearby VA sites, based on trainee interest and opportunity.

This fellowship track is comprised of experiences in our Intensive Outpatient Program (IOP) and our General Outpatient Program, which offer different levels of care and treatment options for Veterans. The intensive outpatient component of this fellowship, also known as the Acceptance and Commitment Training Program (ACT), provides a four- to five-week intensive outpatient treatment experience to Veterans with SUDs and co-occurring disorders. In contrast, the General Outpatient program offers long-term treatment services for individuals that are generally characterized as abstinent for at least one month and may not be in immediate danger of relapse. In both training settings, the fellow will work

alongside psychologists as part of an interdisciplinary team that is comprised of social workers, nurses, addiction therapists, psychiatrists, peer-support specialists, as well as trainees from these disciplines.

The patient population in both clinics is approximately 80% male, and roughly 75% are members of a racial or ethnic minority. The most commonly encountered substances of use include alcohol, opioids and cocaine, but also include benzodiazepines, marijuana, and prescription narcotics. Other addictive behaviors, such as problematic gambling or problematic sexual behavior, are also seen in these clinics. There is also a wide range of additional diagnostic presenting problems, such as trauma, mood and anxiety concerns, interpersonal difficulties, serious mental illness (e.g., schizophrenia), and physical health issues.

Intervention Training

A primary emphasis of this fellowship track involves training in individual and group psychotherapy for the treatment of SUD and co-occurring disorders. This will be heavily informed by empirically-supported behavioral treatments that will include systematic didactic and psychotherapeutic exposure to the following empirically-validated psychotherapeutic approaches to treatment:

a. The fundamentals and core change components of group psychotherapy, as researched by Yalom (1995).
b. The fundamentals of interpersonal process therapy (IPT) in individual and group settings (Weissman, Markowitz, & Klerman, 2000; Weissman, Markowitz, & Klerman, 2007; World Health Organization and Columbia University, 2016).
c. Methods of working with resistance and clarification of goals and values, through empirically demonstrated mindfulness strategies (Wilson, Hayes, & Byrd, 2000; Brown & Ryan, 2003; Hayes, 2003; Breslin, Zack, & McCain, 2002) within the framework of Acceptance and Commitment Therapy (ACT), Functional Analytic Psychotherapy (FAP; Kohlenberg, Hayes, & Tsai, 1993), as well as Dialectical Behavior Therapy (DBT; Linehan, 1993).
d. Fundamentals and application of Motivational Enhancement Therapy (MET; Miller & Rollnick, 1991), particularly the technique of motivational interviewing as it applies to the phase of change model of motivation (Prochaska, Diclemente, & Norcross, 1992).
e. Fundamentals and application of Mindfulness-Based Relapse Prevention (MBRP) for managing craving experiences, reactivity to drug cues, substance use, and negative affect (Bowen et al., 2010; Bowen et al., 2011).

Below is a description of the different training opportunities provided in each clinical setting. Unless otherwise noted, these reflect opportunities that are available. An individual fellow's schedule will be based on training goals, training interests, and experience.

<u>ACT Program Options</u>

1. Provision of weekly individual therapy to IOP Veterans (at least 1 case/week)
2. Co-facilitation of a 90-minute process SUD group (up to 3 times/week)
3. Facilitation of MBRP education group (up to 1-2 times/week)
4. Facilitation of an ACT-based experiential group (weekly to monthly)
5. Facilitation of a weekly Motivational Interviewing group

General Outpatient Program Options:

1. Provision of weekly individual therapy to Veterans (at least 4 cases/week)
2. Co-facilitation of a 60- to 90-minute process SUD group (1 time/week)
3. Development and facilitation of a group aligned with the fellow's professional growth interests
4. Facilitation of SUD psychoeducation group (flexible topics)
5. Provision of supervision to trainees (e.g., psychology intern, psychology extern, psychiatry resident, social work intern)

Both of these training settings will also involve participation in weekly team meetings, and our monthly all-staff meeting.

Assessment Approach

The fellow will have the opportunity to participate in empirically-based assessment approaches for evaluation of psychological disorders, personality, and other factors (e.g., cognitive functioning, health-related behaviors) as deemed appropriate. The purpose of psychological assessment in this fellowship can vary, including to inform treatment planning within the program or facilitating appropriate referrals outside of the SUD program.

Program Development/Evaluation

The fellow will work with their Track Coordinator(s) and will be allotted up to 4 hours of protected time each week for research tasks. Fellows are expected to work on a program development or program evaluation project for the duration of the training year under the direction of identified mentor(s). Whenever possible, the fellow will be asked to prepare and present findings to relevant stakeholders within the VAMHCS.

The fellow would also be expected to take an active role in helping to advertise and facilitate a monthly "SATP Journal Group" involving review of scholarly literature or topics pertinent to professional practice. The fellow would take an active leadership role in helping to identify discussants for this Journal Group, and/or take an active role in facilitating discussion around scholarly topics.

Training/Didactics

Fellows will be exposed to a broad range of didactic activities (please refer to Appendix A) including ACT Training, SUD Supervision of Supervision, and Motivational Interviewing. Fellows will participate in a weekly professional practice consultation meeting in the SATP, where consultation can be given and received regarding any salient issues pertinent to professional practice (e.g., clinical, professional development, self-care). Additionally, a monthly professional development seminar, supervision of supervision group, and peer consultation meeting with other VAMHCS psychology fellows will be part of the fellow's training experience.

There are additional elective trainings for the fellow, including monthly mental health diversity committee meetings, medical grand rounds, mental health case conferences, or psychology roundtable meetings. The fellow will also have the opportunity to attend didactics of interest held within the trauma, neuropsychology, PC-MHI, Health, and MIRECC fellowships.

Supervision

Fellows will receive four hours of supervision per week, with at least two of these hours per week in face-to-face individual clinical supervision (telesupervision currently permitted due to COVID-19 and only in alignment with VAMHCS Psychology Training Program Telesupervision Guidelines), as well as co-facilitation of group therapy, group training in providing clinical supervision, and team-based supervision. This would also involve active participation in weekly ACT and SATP team meetings, which are currently being held virtually. Fellows are expected to regularly present cases for discussion during treatment team meetings and complete at least two formalized case presentations to the treatment teams per year. Fellows will also attend a monthly Supervision Seminar, in which experiences and challenges (either direct or indirect) of supervising trainees will be discussed in terms of developing a supervisor-identity and competence with supervising. Currently, provision of supervision to trainees relies heavily on virtual platforms, consistent with APA, OAA, and VA guidelines.

The methods of supervision include live observation (e.g., via co-facilitation), audio recording, video recording, and live supervision utilizing video equipment. Live supervision entails live observation of individual therapy sessions as they are happening, with an option to consult with the supervisor during the course of a session. This also offers fellows the opportunity to learn from other staff or trainees in the program through a team-based approach to clinical supervision.

Supporting Literature

IPT for groups is used to treat a wide range of patient populations and psychiatric disorders (e.g., SUD, PTSD, Depression). Empirical results indicate improved outcomes following group IPT treatment for all of these groups. The group format is an ideal milieu to work on interpersonal problems and to develop more effective interpersonal skills with other patients struggling with similar difficulties (Wilfley, 2000).

Various meta-analyses suggest that ACT is as effective when compared to Cognitive Behavioral Therapy (CBT) and demonstrates significantly greater improvements when compared to treatment as usual or control conditions (A-Tjak et al., 2015; Hayes et al., 2006; Ost et al., 2014; Powers et al., 2009, Ruiz et al., 2010; Smout et al., 2012). The extent to which ACT has been investigated with different populations is also striking. For instance, studies have examined ACT as a treatment for physical pain, depression, stress at work, anxiety, weight loss, substance use, smoking, disordered eating, psychosis, personality disorders, somatization, stigma, parenting, and others. This can highlight the transdiagnostic nature of ACT, where it can be useful for a wide range of clinical symptoms, and common difficulties such as stress at work, weight loss, and parenting (Harris, 2009).

Dialectical Behavior Therapy (DBT) also represents a *third wave* behavioral approach to treatment. Various reviews have highlighted the effectiveness of DBT (Chambless et al., 1998; Oldham, 2006; Kliem et al., 2010), and emerging evidence also supports the use of DBT with psychological disorders and co-occurring substance use disorders. Specifically, various RCTs have suggested decreased use of substances and greater social adjustment compared to control (Linehan et al. 1999; Linehan et al., 2002; Linehan et al., 2009; van den Bosch et al., 2002). This adaptation to traditional DBT interventions has allowed clinicians to more fully address issues related to substance use.

Like the clinical approaches mentioned above, Mindfulness-Based Relapse Prevention (MBRP) aims to develop mindfulness skills for managing craving experiences and negative affect (Bowen et al., 2010). Through active practice of mindfulness this approach aims to help clients increase ability to make mindful choices about substance use. Few studies have examined the effectiveness of MBRP but results

of four studies to date have suggested positive outcomes of reduced substance use, cravings, and reactivity to drug cues (Zgierska et al., 2009; Bowen et al., 2011).

Training Faculty

James Finkelstein, Psy.D., earned his Psy.D. in 2003 from Loyola University in Maryland and completed his internship here at the Baltimore VA. He has continued to work as a staff psychologist in the ACT Program. He currently serves as the staff psychologist on the ACT IOP treatment team and supervises interns and externs in group and individual therapy. He has published research in the area of etiology of PTSD, psychopharmacology in psychological practice, and ethics in clinical practice. He is adjunct faculty at Loyola University Maryland and regularly lectures in the community and nationally on ACT.

Arthur Sandt, Ph.D., earned his Ph.D. in Clinical Psychology from Temple University and completed his pre-doctoral internship at the Baltimore VA Medical Center. Following his internship, he joined the Baltimore VA as a psychologist in the General Outpatient Substance Abuse Treatment Program and has been working with individuals diagnosed with substance use and various psychological disorders. Dr. Sandt has a strong interest in implementing Acceptance and Commitment Therapy (ACT) and enjoys helping others learn about ACT. With regards to supervision, Dr. Sandt is greatly interested in identifying individualized goals and helping his students achieve them. He has strong interests in clinical training, supervision, and professional development, and serves as the Coordinator of the Psychology Externship Program at the VA Maryland Health Care Syste

APPENDIX A: FELLOWSHIP DIDACTIC ACTIVITIES

VAMHCS Postdoctoral Professional Development Seminar

Overview: In a series of monthly seminars, postdoctoral fellows across fellowship tracks will learn about a variety of topics relevant to the professional practice of clinical psychology as they begin the transition from trainee to professional. Because some of our trainees complete one-year fellowships while others remain for two or more years, the seminar curriculum is based on a one-year inclusive and two-year complementary, but not overlapping, syllabus. Topics will include: determining your career focus; finding, applying for, and interviewing for a job; salary negotiation; Examination for Professional Practice of Psychology (EPPP); board certification; mental health law; leadership; receiving feedback; building a multidisciplinary team; clinical supervision; managing negative countertransference/compassion fatigue; and understanding local context.

Objectives: To enable fellows to

- Set and monitor professional goals
- Enhance capacity for reflection, self-awareness, and self-assessment
- Identify and pursue independent professional employment opportunities
- Demonstrate awareness of sociocultural aspects of the Baltimore VAMC catchment area
- Maintain professional conduct and ethical/legal practice of scholarship and clinical care
- Cultivate leadership abilities
- Develop effective interdisciplinary relationships and interprofessional collaborations

Specifics: The monthly seminar meetings take place on Monday afternoons from 3PM to 4:30PM. Presently, the seminar is being held via video-based platform (Microsoft Teams)

While many of the seminar leaders will be staff members at the Baltimore VAMC, we will also host guest presenters. In all seminar meetings, active engagement is expected. You will have the opportunity to rate each seminar meeting through anonymous evaluation and are encouraged to be candid, thoughtful, and professional in your feedback. Your assessments are instrumental in planning seminar topics and presenters going forward.

Attendance Requirement: Attendance at seminars is required in addition to any track-specific seminars.

PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROFESSIONAL DEVELOPMENT SEMINAR: SAMPLE SCHEDULE

TOPIC	SPEAKER
Intro Meeting	Megan M. Smith, PhD, ABPP-CN
JOBS Pt 1	Megan M. Smith, PhD, ABPP-CN
EPPP and ABPP	Amy Olzmann, PsyD & Jessica Dalrymple, PhD
JOBS Pt 2	Megan M. Smith, PhD, ABPP-CN

No Seminar: Intern interviews	
Preventing Burnout	Megan M. Smith, PhD, ABPP-CN
Student Loans and Debt Management	Patricia A. Scott Assistant Vice President Assistant Vice President Enrollment Administration-University Registrar University of Maryland Baltimore
Building and Maintaining Work-Life Balance Throughout Your Career	Jeremy Carmasin, PhD, Clare Gibson, PhD, & Patricia Ryan, PhD
MD reporting requirements	Kellyanne Gibson, LCSW-C Mental Health Chief Social Worker
Giving and Receiving Feedback	Jade Wolfman-Charles, PhD Psychology Chief

Supervision of Supervision Seminar

This monthly meeting is led by the Psychology Training Program Director and includes both didactic elements related to models and methods of competency-based supervision and space for process-oriented discussions regarding receipt and provision of supervision. The specific goals include to create a forum in which participants: a) collaboratively identify and review resources related to competency-based supervision; b) engage in ongoing self-appraisal of supervision skills; c) seek and provide feedback regarding supervision approaches and experiences; and d) explore the rationale underlying supervision implementation strategies. Considerations regarding power differentials and expectations related to confidentiality are explicitly discussed at the outset of the seminar and in an ongoing manner. Presently being held on the 4th Tuesday of each month, from 8:00-9:00 AM EST via Microsoft Teams.

Fellow Peer Consultation

This monthly meeting represents a fellow-led process group focused on providing peer support and consultation. All VAMHCS Clinical Psychology postdoctoral fellows participate throughout fellowship and fellows in multiple-year programs (e.g., VAMHCS Clinical Neuropsychology and MIRECC Fellowships) participate during their first year.

National VA Diversity Seminar for Psychology Residents

Hour-long national VA video-teleconference series for VA psychology fellows that is focused on enhancing knowledge of dimensions of diversity and provision of culturally responsive care and supervision.

TOPIC	**PRESENTER**
Ethical and Diversity Considerations when Utilizing Telehealth in Psychological Practice	Houston
Masculinity and Military Culture in Mental Health Practice	Phoenix
Working with Politically Charged Veterans in Mental Health Practice	Salisbury
Practicing Cultural Competence in Clinical Psychological	Tucson

Assessments	
Skills for Talking About Race in Mental Health Practice	Tennessee Valley
Providing Culturally Sensitive Supervision as a Psychologist	Milwaukee
What is White Fragility? The Impact on Mental Health Practice	Hines
Clinical Practice Considerations when Creating VA Programming for Veterans who Identify as Transgender	Salt Lake City
LGBTQ+ Allyship and Skills for Addressing Anti-LGBTQ+ Attitudes & Behaviors Seen in Mental Health Practice	New Orleans
Health Status Discrimination: Considerations for Mental Health Practice	Baltimore

VAMHCS Clinical Psychology Fellowship Didactic Activities: PTSD Emphasis

Fellows will attend a bi-weekly PTSD didactic seminar (See below for schedule of topics for the 2022-2023 training year) that is attended by all TRP predoctoral interns and postdoctoral fellows. One of the two monthly meetings will be dedicated to attending a didactic training while the second meeting of each month will be dedicated to a journal club and discussion of professional development issues. The didactic seminar has transitioned to virtual seminars via Teams. The focus of the didactics will be on psychological assessment, evidence based clinical practice, and professional development topics. Topics include applied learning and practice of empirically supported treatments, advanced statistical procedures, case conferences, and becoming a clinical supervisor. The didactic seminar is intended to provide advanced training in special topics in PTSD by focusing on a specific content area (e.g., implementation of processing moral injury in Prolonged Exposure) to give trainees an in-depth understanding of the topic, allow time for role plays, and discuss conceptualization questions. Trainees are encouraged to suggest topics for seminars at the beginning of the training year, to further tailor their training during the fellowship year. Fellows also take an active role in journal club by selecting articles for discussion and leading those discussions within the group meeting. The journal club meeting also provides space for trainees to discuss issues related to professional development (e.g., EPPP, licensure, job searches), which fosters connections between the trainees, provides support and encouragement in professional growth, and provides fellows with a mentorship opportunity to predoctoral interns, as they can often offer guidance on issues such as postdoctoral application questions, preparation for interviews, and dissertation concerns. Furthermore, the TRP holds a weekly consultation group focused on psychological assessment issues and the implementation of evidence-based treatments for PTSD. This meeting allows staff and trainees to learn about evidence-based practices for PTSD and receive consultation from peers and supervisors regarding assessment questions, such as Criterion A considerations. Fellows are encouraged to bring questions from their current assessments and/or ongoing EBP cases to group discussion to enhance their clinical training and facilitate their understanding of consultation among interdisciplinary teams. In addition, local trainings and webinars on areas of expertise in PTSD are made available to fellows on a regular basis. Finally, TRP staff and trainees may also participate in biweekly training in the use of Emotionally Focused Couple Therapy (EFT) for couples where one of the partners has PTSD.

- PAC/EBP Consultation Group- Tuesdays, 12:30-1:00 PM (weekly)—currently held over Microsoft Teams
- Baltimore Outpatient Staff Meeting- Thursdays, 1:00-2:00 PM (weekly)—currently held over Microsoft Teams
- Perry Point Outpatient Staff Meeting- Tuesdays, 8:30-9:30 AM (weekly)—currently held over Microsoft Teams
- Trauma Recovery Program All Staff Meeting- 1st Thursday, 1:00-2:00 PM (monthly)—currently held over Microsoft Teams
- Trauma Professional Development/Journal Club- 1st Monday, 12:00-1:00 PM (monthly) —currently held over Microsoft Teams
- Trauma Didactics- 3rd Monday, 12:00-1:00 PM (monthly) —currently held over Microsoft Teams

VAMHCS Clinical Psychology Fellowship Didactic Activities: HIV/Liver Diseases Emphasis

- National VA Psychology Postdoctoral HIV/Liver Diseases Educational Series- Mondays, 12:00-1:00 PM (weekly) —currently held over Microsoft Teams
    - A national didactic series held weekly for HIV/Liver fellows covering topics related to biological, psychological, and social aspects of HIV and liver diseases. Presenters are national experts from various disciplines including psychology, medicine, and neuropsychology.

Sample Schedule

20-Sep-20	Clinical Aspects of Viral Hepatitis	
	Mary Jane Burton, MD	
27-Sep-20	Clinical Aspects of Hepatitis C & B	
	Mary Jane Burton, MD	
4-Oct-21	Syringe Services Program (SSP) Update	
	Elizabeth Maguire, MSW	
11-Oct-21	Federal Holiday- No lecture	N/A
18-Oct-21	Harm Reduction: From Evidence to Implementation	
	Westyn Branch-Elliman, MD	
25-Oct-21	Integrated HIV and HCV Care	
	William Hua, Ph.D.	
1-Nov-21	Collaborative Care Model-coordination of Infectious Diseases and a Residential	
	Substance Tx Program	
	Vernee Anthony, PhD, & Mary J. Burton, MD	
15-Nov-21	Integrating Sex Positivity in Substance Use Disorders and Overall Wellbeing	
	Mackenzie S. Kirkman, Ph.D.	
29-Nov-21	Integrated Mental Health and Allied Health Providers	
	Pierre Ndje, Pharm.D. and Erica Trimble, Nurse Practitioner	
6-Dec-21	Advanced Liver Disease	
	Anna Nobbe, Hepatology Nurse Practitioners	
13-Dec-21	PrEP and HIV	
	Jamie Morano, MD	

1/24/2022	Ending the HIV Epidemic: VA's Response Lorenzo McFarland, MSW, DrPH and Elizabeth Maguire, MSW
7-Feb-22	Motivational Interviewing in Liver and ID clinics Sharon Malinowski, Ph.D.
14-Feb-22	Mental Health and Substance Use Assessment, Monitoring and Treatment in Pts. with HIV Octaviana Hemmy Asamsama, Psy.D., DrPh
28-Feb-22	Discussion of opioid use in the setting of HIV/HCV infection Elizabeth R. Armstrong, Pharm.D., BCPS
7-Mar-22	Intersections of HIV-related stigma and minority identities (e.g., race, gender, sexual orientation) Joshua A. Johnson, Ph.D.
14-Mar-22	Strengthening Cultural Competence: Providing Effective Care for African-American Patients Victor Jones, Ph.D.
21-Mar-22	Special Considerations in Research with HIV+ Veterans Melissa Turner, MSW
28-Mar-22	Intimate Partner Violence and HIV Leah E. Squires, Ph.D. , Candice Presseau, Ph.D., & Diondra J. Parkes, MSW
4-Apr-22	Complementary and Integrative Health in Your Practice Sharyl A. Altum, Ph.D.
11-Apr-22	Mental Health Outcomes in Gay-Identified Men Kaela M. Joseph, Ph.D
18-Apr-22	Mental health, substance abuse, and HIV among MSM Kaela M. Joseph, Ph.D
25-Apr-22	Understanding Loneliness

Victor Jones Ph.D.

2-May-22 Update on Current HIV & HCV Medications and HIV & HCV Medication Adherence

Pamela S. Belperio, Pharm.D. & William Hua, Ph.D.

9-May-22 Mechanisms of Neurocognitive Impairment in HIV/HCV-Part 1

Moira Dux, Ph.D.

16-May-22 Cognition in Individuals with HIV/AIDS & HCV: Clinical Considerations - Part 2

Moira Dux, Ph.D.

23-May-22 Death & Dying Part 1

Michael Drexler, Ph.D.

6-Jun-22 Death & Dying Part 2

Michael Drexler, Ph.D.

- VAMHCS Neuropsychology Group Supervision- Treatment: Tuesdays, 1:30-2:30 PM (weekly); Assessment: Tuesdays, 2:30-3:30 PM (weekly)—currently held over Microsoft Teams
    - See description above in VAMHCS Clinical Neuropsychology Section
- VAMHCS Health Psychology Didactic- 3rd Thursday, 3:00-4:15 PM (monthly)—currently held over Microsoft Teams
    - A local didactic series held monthly with various health psychology staff and various level of health psychology trainees (i.e. externs, interns, fellows). Presentations include didactics in various health psychology topics or health psychology case presentations.

Sample Schedule

Nov 2022 - Layton; COMISA (Comorbid Insomnia and Sleep Apnea)

Oct 2022 – Ryan; Racism and Bias in Healthcare

Sept 2022 – Supervisors; Case consultation

August 2022 – Pejsa-Reitz; Assessment and treatment for PNES, with special attention to differential diagnoses and comorbidities - when are health psychologists most likely to run into a patient with undiagnosed PNES

June 2022 – Fellow; HIV, Mental Health, Treatment considerations

May 2022 – Supervisors; Case consultation

April 2022 – Intern; Religion, Spirituality and Health

March 2022- Intern; The role of positive psychology in promoting physical health and health behaviors

February 2022 – Shah; Capacity for complex medical decisions

January 2022 – Etzel; Sleep Apnea, Assessment and Treatments

December 2021 – Potocki; Psychogenic Nonepileptic Seizures: biological and cultural determinants

November 2021 – Austin; Perinatal Mental health

- National VA Primary Care-Mental Health Integration Competency Training- Phase I (20 hours of self-guided prework) early September; Phase II mid-late September (20 hour live in-person or virtual) training
    - Phase I includes a prework survey and working through the Phase I Checklist: a self-guided introduction to PCMHI. It is the expectation that this task will take approximately 20 hours to complete over the course of several weeks. After finishing the Phase I Checklist training items, participants will verify completion in TMS and provide a copy of their completed Phase I Checklist to their PCMHI trainer before registering for Phase II.
    - Phase II is a 20 hour live (in-person or virtual) training that includes hands-on role plays and skill demonstrations.
- VAMHCS Neuropsychology Rounds- 2-3x per year, Tuesdays, 1:00-4:00 PM—held over Microsoft Teams OR in person
    - 3-hour didactic led by Neuropsychology staff (1:00-4:00 PM)
    - topics arranged by theme and vary year by year
- Neuropsychology Distance Learning- Thursdays 1:00-3:00 PM (weekly) —currently held over Microsoft Teams (HIV/Liver Diseases fellow only attends select sessions most directly relevant to fellowship emphasis and individualized training plan, typically 2-3 per fellowship year)
    - two-hour weekly multi-site seminar (Thursdays 1:00-3:00 PM via Microsoft Teams)
    - first hour focused on readings discussion and second hour focused on case presentation, practice sample defense-style questions, and brief didactic related to case presented
    - additional activities include occasional neuroanatomy quizzes and ethics vignettes
- University of Maryland School of Medicine Neurology Grand Rounds- Wednesdays 2:00-3:00 PM—currently held over Zoom (HIV/Liver Diseases fellow only attends select sessions most directly relevant to fellowship emphasis and individualized training plan, typically 2-3 per fellowship year)
    - weekly Grand Rounds lectures by UMSOM and community-based neurologists (Wednesdays 2:00-3:00 PM via Zoom)

VAMHCS Clinical Psychology Fellowship Didactic Activities: PC-MHI Emphasis

- VAMHCS Health Psychology Didactic
    - See description and sample schedule above in HIV/Liver Diseases Emphasis section
- National VA Primary Care-Mental Health Integration Competency Training
    - See description and sample schedule above in HIV/Liver Diseases Emphasis section
- VAMCHS PCMHI Consultation Call
    - PCMHI staff and trainees across the VAMHCS meet two time per month. The meeting includes the following components: PCMHI site check-in, review of same day access data and barriers to increasing reach/problem-solving issues, administrative PCMHI updates, clinical consultation and questions.
- VISN 5 PCMHI Community of Practice Call
    - Monthly call with VISN5 PCMHI staff and trainees. The meeting includes the following components: welcome and introductions, competency training updates, PCMHI compliance checklist or other PCMHI

administrative topics, site updates, clinical practice considerations (e.g., measurement based care, same day access reviews, etc.), clinical consultation and questions.

- National VA Psychology Postdoctoral HIV/Liver Diseases Educational Series
    - See description and sample schedule above in HIV/Liver Diseases Emphasis section

VAMHCS Clinical Psychology Fellowship Didactic Activities: SUD Emphasis

- ACT Training
    - Schedule: Fridays, 1:00-2:30 PM (weekly); currently held over Microsoft Teams
    - The training opportunity aims to develop and enhance competency in the provision of Acceptance and Commitment Therapy to our Veterans primarily engaged in Intensive Outpatient Program (IOP) and General Outpatient Clinics for SUD-related conditions. Training is focused on the transdiagnostic theory of ACT and the underlying functional contextual philosophy. Experience will be gained through didactic individual and group supervision, as well as experiential-based consultative meetings.
    - Fellows are provided live co-facilitative supervision in process therapy groups, and are also supervised in their conducting of ACT-themed education groups and community meetings. Fellows are invited to participate in provision of mindfulness-based groups twice weekly. Fellows are expected to develop proficiency in navigating and flexibly implementing the core components of ACT: workability, acceptance and defusion, mindfulness, values and committed action. They are also trained in progressively developing an ACT-consistent therapeutic stance through which to implement acceptance-based interventions.
    - This training opportunity takes place in the IOP and General Outpatient Substance Abuse Treatment Programs at the Baltimore VA. This clinic serves a wide range of substance use disorders and co-occurring psychiatric and medical conditions. Fellows receive primary supervision from Drs. Finkelstein and Sandt over the course of the training year.
- SUD Supervision of Supervision
    - Schedule: Tuesday, 2:00-3:00 PM (weekly); currently held over Zoom
    - The training opportunity aims to develop and enhance competency in the provision of evidence-based clinical supervision. The specific focus on this training primarily draws on the Competency-Based approach to clinical supervision (e.g., Falender et al., 2004), but also incorporates other approaches as well for learning purposes (e.g., Integrative Developmental model, Positive Psychology model). The competency-based model of supervision draws on developmental models of supervision with increased flexibility to tailor specific training goals for individual trainees. In addition, this model aims to identify specific skills and competencies, and then collaboratively create behavioral markers and milestones for improved mastery and performance that align with a trainee's developmental level and personal goals.
    - This training takes place in the General Outpatient Substance Abuse Treatment Program in Baltimore. This clinic serves a wide range of substance use disorders and co-occurring psychiatric and medical conditions. Externs functioning as the primary clinician working with Veterans in individual therapy, receive tiered supervision by the SUD Fellow. The Fellow is engaged in providing live supervision, which would involve them being present in the room or on the video concurrently with the extern clinician. The Fellow also provides individual supervision in addition to their live supervision of the case, under the supervision of Drs. Mross and Sandt. Group supervision is provided by Drs. Mross and Sandt to the Extern clinicians. A separate group supervision is also provided for the Fellows involved in tiered supervision.

    - The educational value of this Supervision of Supervision experience and didactic is multifaceted. This training opportunity involves training in evidence-based treatment practices for a large range of clinical presenting problems, drawing heavily upon transdiagnostic approaches to offer comprehensive yet specialized treatment services to a diverse clinical population. In addition, this opportunity provides training in evidence-based clinical supervision for Fellows. By utilizing a group format, the educational value is enhanced by affording opportunities to learn from personal experiences as well as peers in both clinical and supervision competency areas.
- Motivational Interviewing Consultation
    - Schedule: Wednesdays, 2:00-3:00 PM weekly for 3 months; currently held over Microsoft Teams
    - Motivational Interviewing (MI) is a collaborative, goal-oriented style of communication with a particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal, by eliciting and exploring a person's own reasons for change, within an atmosphere of acceptance and compassion (Miller & Rollnick, 2013).
    - The goals of this training are to teach the theoretical and applied components of MI and is led by local MI experts. This course presents the foundations and a broad overview of MI, including four micro skills that guide the successful usage of MI. The clinical focus is on the attitude and specific skills needed to evoke the client's autonomy and motivation. MI skills can provide a clear framework and can truly change the landscape from one of struggle to one of collaboration and success. The training is split into a didactic portion and an ongoing consultation portion. This didactic training offers a single-day experience involving group participation, role plays, and small groups to practice the skills and identify Change Talk. The ongoing consultation provides an opportunity to practice the skills to promote competency, and involves a 3-month review of clinical vignettes, cases, and clinical matters pertinent to developing mastery of MI skills.
    - Objectives:
        - 1. Identify basic principles of MI
        - 2. Describe the 4 micro skills of MI
        - 3. Apply 2 specific techniques of MI
- SUD Professional Practice Consultation
    - Schedule: 12:00-1:00 PM (weekly); currently held over Zoom
    - Weekly meeting with staff and trainees within the ACT IOP and the outpatient SUD program. Discussion of the full scope of clinical care with ample opportunities to provide and receive consultation and to process provide reactions and to provide support to other providers.
- National VA Psychology Postdoctoral HIV/Liver Diseases Educational Series
    - See description above in HIV/Liver Diseases Emphasis section
- VAMHCS Grand Rounds
    - Schedule: Mondays, 12:00-1:00 PM (monthly); currently held over Microsoft Teams
    - Monthly presentations led by VAMHCS providers and investigators spanning a range of disciplines. Topics include current practice guidelines, research findings and clinical implications, diversity and cultural considerations, ethical issues, etc.

APPENDIX B: FELLOWSHIP COMPETENCY EVALUATION FORMS

VAMHCS PSYCHOLOGY POST-DOCTORAL FELLOWSHIP
TRAINEE COMPETENCY ASSESSMENT FORM: PTSD EMPHASIS

Trainee: _____

Supervisor(s): _____

Fellowship Program: _____

Evaluation time point: _____ 3 months _____ 6 months _____ 9 months _____12 months

ASSESSMENT METHOD(S)

___ Direct observation
___ Videotape
___ Audiotape
___ Case presentation
___ Review of written work
___ Review of raw test data
___ Discussion of clinical interaction
___ Comments from other staff

COMPETENCY RATINGS

1 – Trainee does not demonstrate basic competency (below postdoc entry level expectations). Remedial plan required.

2 – Trainee demonstrates basic competency at the postdoc entry level. Further growth necessary. A remedial plan may be needed.

3 – Trainee demonstrates an intermediate level of competency. Performance is acceptable, but further growth is necessary.

4 – Trainee demonstrates an intermediate to advanced level of competency, typical of postdocs at the end of the training year. Performance demonstrates skillfulness.

5 – Trainee demonstrates consistently advanced level of competence, well beyond that which is expected for postdocs at the end of the training year. Performance demonstrates capacity for independent practice.

N/O – Not Observed

COMPETENCY AREA 1: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

GOAL: Demonstrates a commitment to the professional values and attitudes symbolic of a health service psychologist as evidenced by a variety of behaviors.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Exhibits professional demeanor across training setting	
2. Actively/meaningfully participates in team meetings	
3. Maintains professional boundaries	
4. Prioritizes various tasks efficiently	
5. Makes adjustments to priorities as demands evolve	
6. Manages personal stressors so they have minimal impact on professional practice	

Comments:

COMPETENCY AREA 2: ETHICS AND LEGAL MATTERS

GOAL: Demonstrates an ability to think critically about ethical and legal matters as they pertain to the professional practice of psychology. Demonstrates increasing competence identifying and addressing ethical and legal matters, as required or suggested by the APA guidelines, state laws, or institutional policies.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Awareness of, and adherence to, APA ethical guidelines	
2. Effectively identifies ethical and legal issues	
3. Effectively addresses ethical and legal issues	
4. Evaluates risk (e.g., suicidal/homicidal concerns) when appropriate	
5. Discusses issues of confidentiality with patients	
6. Discusses and obtains informed consent with patients	
7. Recognizes and responds appropriately to patient crises	
8. Maintains complete records of all patient interactions	
9. Notes are timely	

Comments:

COMPETENCY AREA 3: PROFESSIONAL COMMUNICATION, CONSULTATION AND INTERPERSONAL SKILLS

GOAL: Demonstrates the ability to effectively communicate with teams of providers, staff, and other stake holders as it relates to duties performed within the scope of professional psychology. Able to seek out consultation when needed and provide consultation to others in fellow's area of expertise.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Demonstrates an ability to identify when consultation is needed	
2. Actively seeks consultation when treating complex cases and working with unfamiliar symptoms	
3. Gives the appropriate level of guidance when providing consultation to other health care professionals	
4. Coordinates care with other providers in or outside the clinical setting	

5. Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information	
6. Handles differences with staff members effectively	
7. Demonstrates an ability to relate well to those seeking input	
8. Is able to discuss differences in perspectives within professional settings	
9. Recognizes the difference between the need for supervision versus consultation	

Program Specific Goal: Introduction to professional consultation through program development, clinic administration, and policy implementation roles in psychology.

ITEMS	**RATING**
10. Demonstrates an understanding of program administration and development	
11. Demonstrates an understanding of essential components of needs assessments and/or program evaluation in the Trauma Recovery Program	
12. Develops an intervention to support the PCT and/or independent facilitation of existing intervention in the PCT	

Comments:

COMPETENCY AREA 4: INDIVIDUAL AND CULTURAL DIVERSITY

GOAL: Demonstrates an ability to think critically about pertinent cultural and/or other individual differences that might impact the patient's presenting problem or his or her ability to engage in treatment/assessment.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Discusses individual differences with patients	
2. Recognizes when more information is needed regarding patient's diversity	
3. Actively seeks supervision or consultation about issues related to diversity	
4. Aware of own identity and potential impact on clients	

5. Actively seeks out scientific literature or other materials to expand understanding of individual and cultural differences	

Comments:

COMPETENCY AREA 5: THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

GOAL: Demonstrates an ability to produce thorough and meaningful integrated psychological assessment reports and communicate those findings effectively to patients and others (e.g., other providers, families, etc.)

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Selects appropriate assessment measures	
2. Effectively administers psychological tests	
3. Effectively scores psychological tests	
4. Demonstrates effective diagnostic interviewing skills	
5. Demonstrates effective differential diagnostic skills	
6. Accurately interprets psychological tests	
7. Accurately integrates and synthesizes information from multiple sources (e.g., tests, chart, self-report, medical evaluations, medication list)	
8. Writes assessment reports that effectively address the referral question(s)	
9. Formulates well conceptualized and useful recommendations	
10. Reports clearly describe all pertinent information (e.g., presenting problem, background information)	
11. Effectively communicates results with patients and others (e.g., family members, referring provider)	
12. Reports have minimal careless errors (e.g., typos, scoring errors)	

Program Specific Goal: Expertise in conducting comprehensive assessment and integrative report writing, including the administration of the Clinician-Administered PTSD Scale-5 (CAPS-5) and other psychometrically sound assessment instruments for PTSD and other associated posttraumatic mental health and readjustment concerns.

ITEMS	RATING
13. Demonstrates ability to administer the Clinician Administered PTSD Scale for DSM-5 (CAPS to assess for Criterion A stressors and severity/frequency of PTSD symptoms	
14. Administers at least 6 CAPS within the context of a full integrative assessment	
15. Demonstrates ability to administer, interpret and synthesize results of objective personality measures and structured clinical interviews for differential diagnosis of PTSD and readjustment concerns in at least 6 integrative assessment reports	

Comments:

COMPETENCY AREA 6: THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION

GOAL: Demonstrates the ability to consistently and effectively engage and collaboratively develop intervention goals with patients with a wide range of presenting problems. Effectively selects, tailors and delivers appropriate evidence based (or where appropriate, evidence informed) interventions.

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Establishes measurable goals with patients as part of the treatment planning process	
2. Formulates a useful case conceptualization from a theoretical perspective	
3. Monitors patient progress towards reaching treatment goals	
4. Selects appropriate interventions with patients	
5. Implements appropriate interventions with patients	
6. Effectively applies intervention strategies	

7. Effectively manages the termination process	
8. Demonstrates an awareness of personal issues that could interfere with treatment	
9. Implements evidenced-based interventions with appropriate modifications consistent with patient population	
10. Develops appropriate goals for the nature and duration of the group	
11. Demonstrates the ability to maintain group order and focus on goals of session	
12. Displays an ability to manage group dynamics	
13. Demonstrates an ability to function as a group co-facilitator	

Program Specific Goal: Expertise in the use of evidence-based treatments (individual and group) for PTSD and readjustment concerns.

ITEMS	**RATING**
14. Demonstrates ability to integrate theory of the development and maintenance of PTSD to inform conceptualization	
15. Completes at least one individual course of Prolonged Exposure and/or Cognitive Processing Therapy with OIF/OEF/OND Veterans	
16. Completes at least one evidenced based treatment for disorders consistent with readjustment concerns	
17. Facilitates 2-4 groups throughout the fellowship year that integrate principles from empirically supported treatments for PTSD	

Comments:

COMPETENCY AREA 7: SCHOLARLY INQUIRY AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE

GOAL: Demonstrates the initiative and ability to integrate scientific knowledge into professional clinical practice.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Independently seeks out information to enhance clinical practice	

2. Demonstrates initiative to incorporate scientific knowledge into clinical practice	
3. Identifies areas of needed knowledge with specific clients	
4. Responsive to supervisor's suggestions of additional informational resources	

Program Specific Goal: Independent competence in scholarly inquiry related to ongoing research in the subject matter of traumatic stress sequelae, including the ability to conduct research/education and integrate science and clinical practice.

ITEMS	**RATING**
5. Participates in ongoing research study or program development project within the VAMHCS that promotes scientific understanding of traumatic stress sequelae	
6. Contributes to the scientific writing process (e.g., preparation of a manuscript, case study, poster or peer review)	
7. Demonstrates critical analysis of scientific writing through peer review process and/or participates in at least one peer review of an article submitted for publication	
8. Actively participates in the Trauma Recovery Program monthly journal club	

Comments:

COMPETENCY AREA 8: CLINICAL SUPERVISION

GOAL: Demonstrates an understanding of supervision theory and practice. Able to apply supervision principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Identifies major components of models of supervision	
2. Seeks out information regarding supervision theory/practice using relevant scientific and other professional sources	
3. Demonstrates ability to effectively self-supervise	
4. Demonstrates an ability to establish good working rapport with his or her supervisee	

5. Demonstrates an ability to establish good working rapport with his or her supervisor	
6. Consistently recognizes relevant issues related to supervision	
7. Effectively applies supervision skills	
8. Effectively discusses the supervisory process with supervisor	
9. Effectively receives supervisory feedback	
10. Effectively gives supervisory feedback	

Program Specific Goal: Education and supervision of trainees at the internship/externship level in the subject matter of traumatic stress sequelae.

ITEMS	**RATING**
11. Demonstrates an understanding of the supervisory process	
12. Advocates for empirical techniques in clinical practice and research with supervisees	
13. Demonstrates refinement in presentation, teaching, and writing skills (this may be demonstrated through a professional presentation at a local/national conference, professional meeting, and/or didactic seminar for psychology trainees)	

Comments:

SUPERVISOR COMMENTS

Summary of strengths:

Areas needing additional development, including recommendations:

Remedial Work Instructions: In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the Training Director. In order to allow the trainee to gain competency and meet passing criteria, these areas must be addressed proactively, and a remedial plan needs to be devised and implemented promptly. Please see *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* for further guidance. Once the remedial plan has been satisfied, the trainee will receive an updated evaluation, clearly marked as such.

Areas in need of remediation, including any recommendations:

CRITERIA FOR COMPLETION

3-Month Evaluation: All competency items should be rated as a 2 or higher. If a competency item is rated as a 1, then a remedial action plan is required for that item.

6-Month Evaluation: All competency items should be rated as a 3 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

9-Month Evaluation: All competency items should be rated as a 3 AND 50% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

12-Month Evaluation: All competency items should be rated as a 3 AND 75% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

_____ We have reviewed this evaluation together. The trainee HAS successfully completed the above goal for this evaluation period.

_____ We have reviewed this evaluation together. The trainee HAS NOT successfully completed the above goal for this evaluation period. The Training Director has been informed and steps have been taken to implement a remediation plan, as indicated in the *Procedures for Remediation of*

Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances document.

Supervisor's Signature: _____ Date _____

Supervisor's Printed Name: _____

Trainee Comments Regarding Competency Evaluation (if any):

_____

_____

_____

_____

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee's Signature: _____ Date _____

Trainee's Printed Name: _____

VAMHCS PSYCHOLOGY POST-DOCTORAL FELLOWSHIP
TRAINEE COMPETENCY ASSESSMENT FORM: PC-MHI FELLOWSHIP

Trainee: _____

Supervisor(s): _____

Fellowship Program: _____

Evaluation time point: _____ 3 months _____ 6 months _____ 9 months _____12 months

ASSESSMENT METHOD(S)

___ Direct observation
___ Videotape
___ Audiotape
___ Case presentation
___ Review of written work
___ Review of raw test data
___ Discussion of clinical interaction
___ Comments from other staff

COMPETENCY RATINGS

1 – Trainee does not demonstrate basic competency (below postdoc entry level expectations). Remedial plan required.

2 – Trainee demonstrates basic competency at the postdoc entry level. Further growth necessary. A remedial plan may be needed.

3 – Trainee demonstrates an intermediate level of competency. Performance is acceptable, but further growth is necessary.

4 – Trainee demonstrates an intermediate to advanced level of competency, typical of postdocs at the end of the training year. Performance demonstrates skillfulness.

5 – Trainee demonstrates consistently advanced level of competence, well beyond that which is expected for postdocs at the end of the training year. Performance demonstrates capacity for independent practice.

N/O – Not Observed

COMPETENCY AREA 1: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

GOAL: Demonstrates a commitment to the professional values and attitudes symbolic of a health service psychologist as evidenced by a variety of behaviors.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Exhibits professional demeanor across training setting	
2. Actively/meaningfully participates in team meetings	
3. Maintains professional boundaries	
4. Prioritizes various tasks efficiently	
5. Makes adjustments to priorities as demands evolve	
6. Manages personal stressors so they have minimal impact on professional practice	

Comments:

COMPETENCY AREA 2: ETHICS AND LEGAL MATTERS

GOAL: Demonstrates an ability to think critically about ethical and legal matters as they pertain to the professional practice of psychology. Demonstrates increasing competence identifying and addressing ethical and legal matters, as required or suggested by the APA guidelines, state laws, or institutional policies.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Awareness of, and adherence to, APA ethical guidelines	
2. Effectively identifies ethical and legal issues	
3. Effectively addresses ethical and legal issues	
4. Evaluates risk (e.g., suicidal/homicidal concerns) when appropriate	
5. Discusses issues of confidentiality with patients	
6. Discusses and obtains informed consent with patients	
7. Recognizes and responds appropriately to patient crises	
8. Maintains complete records of all patient interactions	
9. Notes are timely	

Comments:

COMPETENCY AREA 3: PROFESSIONAL COMMUNICATION, CONSULTATION AND INTERPERSONAL SKILLS

GOAL: Demonstrates the ability to effectively communicate with teams of providers, staff, and other stake holders as it relates to duties performed within the scope of professional psychology. Able to seek out consultation when needed and provide consultation to others in fellow's area of expertise.

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Demonstrates an ability to identify when consultation is needed	
2. Actively seeks consultation when treating complex cases and working with unfamiliar symptoms	
3. Gives the appropriate level of guidance when providing consultation to other health care professionals	
4. Coordinates care with other providers in or outside the clinical setting	

5. Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information	
6. Handles differences with staff members effectively	
7. Demonstrates an ability to relate well to those seeking input	
8. Is able to discuss differences in perspectives within professional settings	
9. Recognizes the difference between the need for supervision versus consultation	

Program Specific Goal: The fellow will develop competence in providing and seeking consultation as well as being an integrated member of multiple Patient Aligned Care Teams (PACT)

10. Seeks consultation within primary care to address Veteran concerns	
11. Provides consultation to PACT members for Veterans with a variety of presenting concerns	

Comments:

COMPETENCY AREA 4: INDIVIDUAL AND CULTURAL DIVERSITY

GOAL: Demonstrates an ability to think critically about pertinent cultural and/or other individual differences that might impact the patient's presenting problem or his or her ability to engage in treatment/assessment.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Discusses individual differences with patients	
2. Recognizes when more information is needed regarding patient's diversity	
3. Actively seeks supervision or consultation about issues related to diversity	
4. Aware of own identity and potential impact on clients	

5. Actively seeks out scientific literature or other materials to expand understanding of individual and cultural differences	

Program Specific Goal: Awareness and sensitivity to individual difference factors (e.g., culture, ethnicity, race, religion, disability status, etc.) in Veterans within Primary Care is inherent in all aspects of the fellows' work.

ITEMS	**RATING**
6. Considers individual difference factors in assessment (e.g., approach, conceptualization, report-writing, feedback)	
7. Considers individual difference factors in treatment with Veterans	

Comments:

COMPETENCY AREA 5: THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

GOAL: Demonstrates an ability to produce thorough and meaningful integrated psychological assessment reports and communicate those findings effectively to patients and others (e.g., other providers, families, etc.)

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Selects appropriate assessment measures	
2. Effectively administers psychological tests	
3. Effectively scores psychological tests	
4. Demonstrates effective diagnostic interviewing skills	
5. Demonstrates effective differential diagnostic skills	
6. Accurately interprets psychological tests	
7. Accurately integrates and synthesizes information from multiple sources (e.g., tests, chart, self-report, medical evaluations, medication list)	

8. Writes assessment reports that effectively address the referral question(s)	
9. Formulates well conceptualized and useful recommendations	
10. Reports clearly describe all pertinent information (e.g., presenting problem, background information)	
11. Effectively communicates results with patients and others (e.g., family members, referring provider)	
12. Reports have minimal careless errors (e.g., typos, scoring errors)	

Program Specific Goal: The fellow will develop a competence in brief psychological assessments as well as detailed health psychology assessments of Veterans with a range of mental health and medical co-morbidities.

ITEMS	**RATING**
13. Conducts a diagnostic interview with Veterans that is appropriate to the referral question	
14. Constructs an assessment battery appropriate to the referral question	
15. Prepares a comprehensive report that integrates data from multiple sources and includes well formulated impressions and recommendations for Veterans	
16. Generates appropriate recommendations for Veteran and effectively delivers feedback to the Veteran, family, and/or referral source	

Comments:

COMPETENCY AREA 6: THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION

GOAL: Demonstrates the ability to consistently and effectively engage and collaboratively develop intervention goals with patients with a wide range of presenting problems. Effectively selects, tailors and delivers appropriate evidence based (or where appropriate, evidence informed) interventions.

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Establishes measurable goals with patients as part of the treatment planning process	

2. Formulates a useful case conceptualization from a theoretical perspective	
3. Monitors patient progress towards reaching treatment goals	
4. Selects appropriate interventions with patients	
5. Implements appropriate interventions with patients	
6. Effectively applies intervention strategies	
7. Effectively manages the termination process	
8. Demonstrates an awareness of personal issues that could interfere with treatment	
9. Implements evidenced-based interventions with appropriate modifications consistent with patient population	
10. Develops appropriate goals for the nature and duration of the group	
11. Demonstrates the ability to maintain group order and focus on goals of session	
12. Displays an ability to manage group dynamics	
13. Demonstrates an ability to function as a group co-facilitator	

Program Specific Goal: The fellow demonstrates competence in provision of empirically based psychological interventions and treatments to Veterans within the PC-MHI setting.

ITEMS	**RATING**
14. Selects and implements appropriate, brief and empirically supported interventions for patients	

Comments:

COMPETENCY AREA 7: SCHOLARLY INQUIRY AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE

GOAL: Demonstrates the initiative and ability to integrate scientific knowledge into professional clinical practice.

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Independently seeks out information to enhance clinical practice	

2. Demonstrates initiative to incorporate scientific knowledge into clinical practice	
3. Identifies areas of needed knowledge with specific clients	
4. Responsive to supervisor's suggestions of additional informational resources	

Program Specific Goal: The fellow will be an active contributor to program development and evaluation related to PC-MHI at the VAMHCS and develop competence in these areas.

ITEMS	**RATING**
5. Provides ideas and assists with implementation of program development for PC-MHI.	
6. Utilizes empirical data to shape program development with PCMHI.	
7. The fellow is an active participant in program development and evaluation.	

Comments:

COMPETENCY AREA 8: CLINICAL SUPERVISION

GOAL: Demonstrates an understanding of supervision theory and practice. Able to apply supervision principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Identifies major components of models of supervision	
2. Seeks out information regarding supervision theory/practice using relevant scientific and other professional sources	
3. Demonstrates ability to effectively self-supervise	
4. Demonstrates an ability to establish good working rapport with his or her supervisee	
5. Demonstrates an ability to establish good working rapport with his or her supervisor	

6. Consistently recognizes relevant issues related to supervision	
7. Effectively applies supervision skills	
8. Effectively discusses the supervisory process with supervisor	
9. Effectively receives supervisory feedback	
10. Effectively gives supervisory feedback	

Program Specific Goal: The fellow will become competent in providing supervision to trainees as well as enhance their knowledge of clinical and research aspects related to the treatment of Veterans within a PC-MHI setting.

11. Provision of supervision to externs and/or interns related to assessment and treatment of veterans within a PC-MHI setting is thorough and constructive	

Comments:

PROGRAM-SPECIFIC GOALS

Please list the major goals specific to the fellowship program and rate the fellow's performance meeting them.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

1. Goal:

_____

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Comments:

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Rating: _____

2. Goal:

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Comments:

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Rating: _____

3. Goal:

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Comments:

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Rating: _____

4. Goal:

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Comments:

Rating: _____

5. Goal:

Comments:

Rating: _____

SUPERVISOR COMMENTS

Summary of strengths:

Areas needing additional development, including recommendations:

Remedial Work Instructions: In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the Training Director. In order to allow the trainee to gain competency and meet passing criteria, these areas must be addressed proactively, and a remedial plan needs to be devised and implemented promptly. Please see *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* for further guidance. Once the remedial plan has been satisfied, the trainee will receive an updated evaluation, clearly marked as such.

Areas in need of remediation, including any recommendations:

CRITERIA FOR COMPLETION

3-Month Evaluation: All competency items should be rated as a 2 or higher. If a competency item is rated as a 1, then a remedial action plan is required for that item.

6-Month Evaluation: All competency items should be rated as a 3 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

9-Month Evaluation: All competency items should be rated as a 3 AND 50% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

12-Month Evaluation: All competency items should be rated as a 3 AND 75% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

_____ We have reviewed this evaluation together. The trainee HAS successfully completed the above goal for this evaluation period.

_____ We have reviewed this evaluation together. The trainee HAS NOT successfully completed the above goal for this evaluation period. The Training Director has been informed and steps have been taken to implement a remediation plan, as indicated in the *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* document.

Supervisor's Signature: _____ Date _____

Supervisor's Printed Name: _____

Trainee Comments Regarding Competency Evaluation (if any):

_____

_____

_____

_____

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee's Signature: _____ Date _____

Trainee's Printed Name: _____

VAMHCS PSYCHOLOGY POST-DOCTORAL FELLOWSHIP
TRAINEE COMPETENCY ASSESSMENT FORM: HIV/LIVER DISEASES FELLOWSHIP

Trainee: _____

Supervisor(s): _____

Fellowship Program: _____

Evaluation time point: _____ 6 months _____ 12 months

ASSESSMENT METHOD(S)

___ Direct observation
___ Videotape
___ Audiotape
___ Case presentation
___ Review of written work
___ Review of raw test data
___ Discussion of clinical interaction
___ Comments from other staff

COMPETENCY RATINGS

1 – Trainee does not demonstrate basic competency (below postdoc entry level expectations). Remedial plan required.

2 – Trainee demonstrates basic competency at the postdoc entry level. Further growth necessary. A remedial plan may be needed.

3 – Trainee demonstrates an intermediate level of competency. Performance is acceptable, but further growth is necessary.

4 – Trainee demonstrates an intermediate to advanced level of competency, typical of postdocs at the end of the training year. Performance demonstrates skillfulness.

5 – Trainee demonstrates consistently advanced level of competence, well beyond that which is expected for postdocs at the end of the training year. Performance demonstrates capacity for independent practice.

N/O – Not Observed

COMPETENCY AREA 1: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

GOAL: Demonstrates a commitment to the professional values and attitudes symbolic of a health service psychologist as evidenced by a variety of behaviors.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Exhibits professional demeanor across training setting	
2. Actively/meaningfully participates in team meetings	
3. Maintains professional boundaries	
4. Prioritizes various tasks efficiently	
5. Makes adjustments to priorities as demands evolve	
6. Manages personal stressors so they have minimal impact on professional practice	

Comments:

COMPETENCY AREA 2: ETHICS AND LEGAL MATTERS

GOAL: Demonstrates an ability to think critically about ethical and legal matters as they pertain to the professional practice of psychology. Demonstrates increasing competence identifying and addressing ethical and legal matters, as required or suggested by the APA guidelines, state laws, or institutional policies.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Awareness of, and adherence to, APA ethical guidelines	
2. Effectively identifies ethical and legal issues	
3. Effectively addresses ethical and legal issues	
4. Evaluates risk (e.g., suicidal/homicidal concerns) when appropriate	
5. Discusses issues of confidentiality with patients	
6. Discusses and obtains informed consent with patients	
7. Recognizes and responds appropriately to patient crises	
8. Maintains complete records of all patient interactions	
9. Notes are timely	

Comments:

COMPETENCY AREA 3: PROFESSIONAL COMMUNICATION, CONSULTATION AND INTERPERSONAL SKILLS

GOAL: Demonstrates the ability to effectively communicate with teams of providers, staff, and other stake holders as it relates to duties performed within the scope of professional psychology. Able to seek out consultation when needed and provide consultation to others in fellow's area of expertise.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Demonstrates an ability to identify when consultation is needed	
2. Actively seeks consultation when treating complex cases and working with unfamiliar symptoms	
3. Gives the appropriate level of guidance when providing consultation to other health care professionals	

4. Coordinates care with other providers in or outside the clinical setting	
5. Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information	
6. Handles differences with staff members effectively	
7. Demonstrates an ability to relate well to those seeking input	
8. Is able to discuss differences in perspectives within professional settings	
9. Recognizes the difference between the need for supervision versus consultation	

Program Specific Goal: The fellow will develop competence in providing and seeking consultation as well as being an integrated member of multiple interdisciplinary teams.

ITEMS	**RATING**
10. Seeks consultation within interdisciplinary settings for Veterans with HIV and/or liver disease	
11. Provides consultation within interdisciplinary settings for Veterans with HIV and/or liver disease	

Comments:

COMPETENCY AREA 4: INDIVIDUAL AND CULTURAL DIVERSITY

GOAL: Demonstrates an ability to think critically about pertinent cultural and/or other individual differences that might impact the patient's presenting problem or his or her ability to engage in treatment/assessment.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Discusses individual differences with patients	
2. Recognizes when more information is needed regarding patient's diversity	
3. Actively seeks supervision or consultation about issues related to diversity	

4. Aware of own identity and potential impact on clients	
5. Actively seeks out scientific literature or other materials to expand understanding of individual and cultural differences	

Program Specific Goal: Awareness and sensitivity to individual difference factors (e.g., culture, ethnicity, race, religion, disability status, etc.) in Veterans with HIV/liver diseases is inherent in all aspects of the fellows' work.

ITEMS	**RATING**
6. Considers individual difference factors in assessment (e.g., approach, conceptualization, report-writing, feedback) with Veterans with HIV and/or liver disease	
7. Considers individual difference factors in treatment with Veterans with HIV and/or liver disease	

Comments:

COMPETENCY AREA 5: THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

GOAL: Demonstrates an ability to produce thorough and meaningful integrated psychological assessment reports and communicate those findings effectively to patients and others (e.g., other providers, families, etc.)

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Selects appropriate assessment measures	
2. Effectively administers psychological tests	
3. Effectively scores psychological tests	
4. Demonstrates effective diagnostic interviewing skills	
5. Demonstrates effective differential diagnostic skills	
6. Accurately interprets psychological tests	

7. Accurately integrates and synthesizes information from multiple sources (e.g., tests, chart, self-report, medical evaluations, medication list)	
8. Writes assessment reports that effectively address the referral question(s)	
9. Formulates well conceptualized and useful recommendations	
10. Reports clearly describe all pertinent information (e.g., presenting problem, background information)	
11. Effectively communicates results with patients and others (e.g., family members, referring provider)	
12. Reports have minimal careless errors (e.g., typos, scoring errors)	

Program Specific Goal: The fellow will develop a competence in psychological and brief neurocognitive assessments of Veterans with HIV/Liver Diseases with a range of mental health and medical co-morbidities.

ITEMS	**RATING**
13. Conducts a thorough diagnostic interview with Veterans with HIV and/or liver disease	
14. Constructs an assessment battery appropriate to the referral question for Veterans with HIV and/or liver disease and provides modification as necessary	
15. Prepares a comprehensive report that integrates data from multiple sources and includes well formulated impressions and recommendations for Veterans with HIV and/or liver disease	
16. Generates appropriate recommendations for patients with HIV/liver disease and effectively delivers feedback to the Veteran, family, and/or referral source	

Comments:

COMPETENCY AREA 6: THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION

GOAL: Demonstrates the ability to consistently and effectively engage and collaboratively develop intervention goals with patients with a wide range of presenting problems. Effectively selects, tailors and delivers appropriate evidence based (or where appropriate, evidence informed) interventions.

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Establishes measurable goals with patients as part of the treatment planning process	
2. Formulates a useful case conceptualization from a theoretical perspective	
3. Monitors patient progress towards reaching treatment goals	
4. Selects appropriate interventions with patients	
5. Implements appropriate interventions with patients	
6. Effectively applies intervention strategies	
7. Effectively manages the termination process	
8. Demonstrates an awareness of personal issues that could interfere with treatment	
9. Implements evidenced-based interventions with appropriate modifications consistent with patient population	
10. Develops appropriate goals for the nature and duration of the group	
11. Demonstrates the ability to maintain group order and focus on goals of session	
12. Displays an ability to manage group dynamics	
13. Demonstrates an ability to function as a group co-facilitator	

Program Specific Goal: The fellow demonstrates competence in provision of empirically based psychological interventions and treatments among Veterans with HIV/Liver Diseases.

ITEMS	RATING
14. Selects and implements appropriate and empirically supported interventions for patients with HIV and/or liver diseases	

Comments:

COMPETENCY AREA 7: SCHOLARLY INQUIRY AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE

GOAL: Demonstrates the initiative and ability to integrate scientific knowledge into professional clinical practice.

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence

4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Independently seeks out information to enhance clinical practice	
2. Demonstrates initiative to incorporate scientific knowledge into clinical practice	
3. Identifies areas of needed knowledge with specific clients	
4. Responsive to supervisor's suggestions of additional informational resources	

Program Specific Goal: The fellow will be an active contributor to ongoing research and program development related to HIV and/or liver diseases at the VAMHCS and develop competence in research methodology.

ITEMS	**RATING**
5. The fellow is an active participant in research development, coordination, and dissemination related to HIV and/or liver diseases.	
6. Utilizes empirical data to shape assessment, treatment, and research endeavors with Veterans with HIV and/or liver diseases.	
7. Provides ideas and assists with implementation of program development for Veterans with HIV/liver diseases.	

Comments:

COMPETENCY AREA 8: CLINICAL SUPERVISION

GOAL: Demonstrates an understanding of supervision theory and practice. Able to apply supervision principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Identifies major components of models of supervision	
2. Seeks out information regarding supervision theory/practice using relevant scientific and other professional sources	

3. Demonstrates ability to effectively self-supervise	
4. Demonstrates an ability to establish good working rapport with his or her supervisee	
5. Demonstrates an ability to establish good working rapport with his or her supervisor	
6. Consistently recognizes relevant issues related to supervision	
7. Effectively applies supervision skills	
8. Effectively discusses the supervisory process with supervisor	
9. Effectively receives supervisory feedback	
10. Effectively gives supervisory feedback	

Program Specific Goal: The fellow will become competent in providing supervision to trainees as well as enhance their knowledge of clinical and research aspects related to the treatment of Veterans with HIV/liver disease.

ITEMS	**RATING**
11. Provision of supervision to externs and interns working with patients with HIV/liver diseases is thorough and constructive.	

Comments:

SUPERVISOR COMMENTS

Summary of strengths:

Areas needing additional development, including recommendations:

Remedial Work Instructions: In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the Training Director. In order to allow the trainee to gain competency and meet passing criteria, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly. Please see *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* for further guidance. Once the remedial plan has been satisfied, the trainee will receive an updated evaluation, clearly marked as such.

Areas in need of remediation, including any recommendations:

CRITERIA FOR COMPLETION

6-Month Evaluation: All competency items should be rated as a 3 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

12-Month Evaluation: All competency items should be rated as a 3 AND 75% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

_____ We have reviewed this evaluation together. The trainee HAS successfully completed the above goal for this evaluation period.

_____ We have reviewed this evaluation together. The trainee HAS NOT successfully completed the above goal for this evaluation period. The Training Director has been informed and steps have been taken to implement a remediation plan, as indicated in the *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* document.

Supervisor's Signature: _____ Date _____

Supervisor's Printed Name: _____

Supervisor's Signature: _____ Date _____

Supervisor's Printed Name: _____

Trainee Comments Regarding Competency Evaluation (if any):

_____

_____

_____

_____

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee's Signature: _____ Date _____

Trainee's Printed Name: _____

VAMHCS PSYCHOLOGY POST-DOCTORAL FELLOWSHIP
TRAINEE COMPETENCY ASSESSMENT FORM: SUD EMPHASIS

Trainee: _____

Supervisor(s): _____

Fellowship Program: _____

Evaluation time point: _____ 6 months _____ 12 months

ASSESSMENT METHOD(S)

___ Direct observation
___ Videotape
___ Audiotape
___ Case presentation
___ Review of written work
___ Review of raw test data
___ Discussion of clinical interaction
___ Comments from other staff

COMPETENCY RATINGS

1 – Trainee does not demonstrate basic competency (below postdoc entry level expectations). Remedial plan required.

2 – Trainee demonstrates basic competency at the postdoc entry level. Further growth necessary. A remedial plan may be needed.

3 – Trainee demonstrates an intermediate level of competency. Performance is acceptable, but further growth is necessary.

4 – Trainee demonstrates an intermediate to advanced level of competency, typical of postdocs at the end of the training year. Performance demonstrates skillfulness.

5 – Trainee demonstrates consistently advanced level of competence, well beyond that which is expected for postdocs at the end of the training year. Performance demonstrates capacity for independent practice.

N/O – Not Observed

COMPETENCY AREA 1: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

GOAL: Demonstrates a commitment to the professional values and attitudes symbolic of a health service psychologist as evidenced by a variety of behaviors.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Exhibits professional demeanor across training setting	
2. Actively/meaningfully participates in team meetings	
3. Maintains professional boundaries	
4. Prioritizes various tasks efficiently	
5. Makes adjustments to priorities as demands evolve	
6. Manages personal stressors so they have minimal impact on professional practice	

Comments:

COMPETENCY AREA 2: ETHICS AND LEGAL MATTERS

GOAL: Demonstrates an ability to think critically about ethical and legal matters as they pertain to the professional practice of psychology. Demonstrates increasing competence identifying and addressing ethical and legal matters, as required or suggested by the APA guidelines, state laws, or institutional policies.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Awareness of, and adherence to, APA ethical guidelines	
2. Effectively identifies ethical and legal issues	
3. Effectively addresses ethical and legal issues	
4. Evaluates risk (e.g., suicidal/homicidal concerns) when appropriate	
5. Discusses issues of confidentiality with patients	
6. Discusses and obtains informed consent with patients	
7. Recognizes and responds appropriately to patient crises	
8. Maintains complete records of all patient interactions	
9. Notes are timely	

Comments:

COMPETENCY AREA 3: PROFESSIONAL COMMUNICATION, CONSULTATION AND INTERPERSONAL SKILLS

GOAL: Demonstrates the ability to effectively communicate with teams of providers, staff, and other stake holders as it relates to duties performed within the scope of professional psychology. Able to seek out consultation when needed and provide consultation to others in fellow's area of expertise.

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Demonstrates an ability to identify when consultation is needed	
2. Actively seeks consultation when treating complex cases and working with unfamiliar symptoms	
3. Gives the appropriate level of guidance when providing consultation to other health care professionals	
4. Coordinates care with other providers in or outside the clinical setting	

5. Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information	
6. Handles differences with staff members effectively	
7. Demonstrates an ability to relate well to those seeking input	
8. Is able to discuss differences in perspectives within professional settings	
9. Recognizes the difference between the need for supervision versus consultation	

Program Specific Goal: Introduction to professional consultation through program development, clinic administration, and policy implementation roles in psychology.

ITEMS	**RATING**
10. Providing comprehensive care for the associated co-morbid conditions of an SUD population.	
11. Providing and seeking consultation across disciplines and sources of collaboration to facilitate appropriate care for Veterans with SUDs.	

Comments:

COMPETENCY AREA 4: INDIVIDUAL AND CULTURAL DIVERSITY

GOAL: Demonstrates an ability to think critically about pertinent cultural and/or other individual differences that might impact the patient's presenting problem or his or her ability to engage in treatment/assessment.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Discusses individual differences with patients	
2. Recognizes when more information is needed regarding patient's diversity	
3. Actively seeks supervision or consultation about issues related to diversity	
4. Aware of own identity and potential impact on clients	
5. Actively seeks out scientific literature or other materials to expand understanding	

of individual and cultural differences	

Comments:

COMPETENCY AREA 5: THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

GOAL: Demonstrates an ability to produce thorough and meaningful integrated psychological assessment reports and communicate those findings effectively to patients and others (e.g., other providers, families, etc.)

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Selects appropriate assessment measures	
2. Effectively administers psychological tests	
3. Effectively scores psychological tests	
4. Demonstrates effective diagnostic interviewing skills	
5. Demonstrates effective differential diagnostic skills	
6. Accurately interprets psychological tests	
7. Accurately integrates and synthesizes information from multiple sources (e.g., tests, chart, self-report, medical evaluations, medication list)	
8. Writes assessment reports that effectively address the referral question(s)	
9. Formulates well conceptualized and useful recommendations	
10. Reports clearly describe all pertinent information (e.g., presenting problem, background information)	
11. Effectively communicates results with patients and others (e.g., family members, referring provider)	
12. Reports have minimal careless errors (e.g., typos, scoring errors)	

Program Specific Goal: The Fellow will develop the ability to produce comprehensive and meaningful integrated psychological reports and communicate feedback to Veterans, staff, and other pertinent individuals, to best inform treatment planning. The Fellow will develop competence in the reliable administration, scoring, and interpretation of psychological assessment measures specific to Veterans with SUDs and associated mental health and medical co-morbidities.

ITEMS	RATING
13. Conducts a diagnostic interview with Veterans that is appropriate to the referral question.	
14. Constructs an assessment battery appropriate to the referral question.	
15. Prepares a comprehensive report that integrates data from multiple sources and includes well-formulated impressions and recommendations for Veterans.	
16. Generates appropriate recommendations for Veterans and effectively delivers feedback to the Veteran, family, and/or referral source.	

Comments:

COMPETENCY AREA 6: THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION

GOAL: Demonstrates the ability to consistently and effectively engage and collaboratively develop intervention goals with patients with a wide range of presenting problems. Effectively selects, tailors and delivers appropriate evidence based (or where appropriate, evidence informed) interventions.

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Establishes measurable goals with patients as part of the treatment planning process	
2. Formulates a useful case conceptualization from a theoretical perspective	
3. Monitors patient progress towards reaching treatment goals	
4. Selects appropriate interventions with patients	
5. Implements appropriate interventions with patients	

6. Effectively applies intervention strategies	
7. Effectively manages the termination process	
8. Demonstrates an awareness of personal issues that could interfere with treatment	
9. Implements evidenced-based interventions with appropriate modifications consistent with patient population	
10. Develops appropriate goals for the nature and duration of the group	
11. Demonstrates the ability to maintain group order and focus on goals of session	
12. Displays an ability to manage group dynamics	
13. Demonstrates an ability to function as a group co-facilitator	

Program Specific Goal: The Fellow demonstrates competence in provision of various group and individual treatment interventions for patients utilizing empirically-validated second- and third-wave behavioral treatments for SUD and associated co-morbidities.

ITEMS	**RATING**
14. Proficiency in various group treatment interventions for patients (e.g., interpersonal process group, Acceptance and Commitment Therapy, Motivational Interviewing, Motivational Enhancement Therapy, psychoeducational).	
15. Ability to independently facilitate, or co-facilitate (i.e., with a predoctoral trainee) group interventions.	
16. Proficiency in effectively selecting, targeting, and delivering appropriate individual treatment interventions for patients, utilizing empirically-validated second- and third-wave behavioral treatments for SUD and associated co-morbidities.	

Comments:

COMPETENCY AREA 7: SCHOLARLY INQUIRY AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE

GOAL: Demonstrates the initiative and ability to integrate scientific knowledge into professional clinical practice.

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Independently seeks out information to enhance clinical practice	
2. Demonstrates initiative to incorporate scientific knowledge into clinical practice	
3. Identifies areas of needed knowledge with specific clients	
4. Responsive to supervisor's suggestions of additional informational resources	

Program Specific Goal: The Fellow will be an active contributor to program development and evaluation related to SUD at the VAMHCS and develop competence in these areas.

ITEMS	RATING
5. Proficiency in research, research methods, and program evaluation related to ongoing clinical practice in the SATP.	
6. Proficiency in taking initiative to identify and utilize evidence-based practices in psychological services.	
7. Proficiency in developing clinical or administrative programming to enhance application of current scientific knowledge in clinical practice.	

Comments:

COMPETENCY AREA 8: CLINICAL SUPERVISION

GOAL: Demonstrates an understanding of supervision theory and practice. Able to apply supervision principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Identifies major components of models of supervision	
2. Seeks out information regarding supervision theory/practice using relevant scientific and other professional sources	
3. Demonstrates ability to effectively self-supervise	
4. Demonstrates an ability to establish good working rapport with his or her supervisee	
5. Demonstrates an ability to establish good working rapport with his or her supervisor	

6. Consistently recognizes relevant issues related to supervision	
7. Effectively applies supervision skills	
8. Effectively discusses the supervisory process with supervisor	
9. Effectively receives supervisory feedback	
10. Effectively gives supervisory feedback	

Program Specific Goal: The Fellow will become competent in providing supervision to trainees especially related to the subject area of SUD and associated co-morbidities.

ITEMS	**RATING**
11. Proficiency in understanding supervision theory and practice, and ability to identify, select, and implement contrasting approaches to supervision.	
12. Provision of supervision to trainees at the predoctoral level, under guidance of a licensed psychologist.	

Comments:

SUPERVISOR COMMENTS

Summary of strengths:

Areas needing additional development, including recommendations:

Remedial Work Instructions: In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the Training Director. In order to allow the trainee to gain competency and meet passing criteria, these areas must be addressed proactively, and a remedial plan needs to be devised and implemented promptly. Please see *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* for further guidance. Once the remedial plan has been satisfied, the trainee will receive an updated evaluation, clearly marked as such.

Areas in need of remediation, including any recommendations:

CRITERIA FOR COMPLETION

6-Month Evaluation: All competency items should be rated as a 3 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

12-Month Evaluation: All competency items should be rated as a 3 AND 75% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

_____ We have reviewed this evaluation together. The trainee HAS successfully completed the above goal for this evaluation period.

_____ We have reviewed this evaluation together. The trainee HAS NOT successfully completed the above goal for this evaluation period. The Training Director has been informed and steps have been taken to implement a remediation plan, as indicated in the *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* document.

Supervisor's Signature: _____ Date _____

Supervisor's Printed Name: _____

Trainee Comments Regarding Competency Evaluation (if any):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee's Signature: _____ Date _____

Trainee's Printed Name: _____

APPENDIX C: SUPERVISION CONTRACT AND GRADUATED LEVELS OF RESPONSIBILITY

***Please note that the same forms are used across fellowship tracks**

Supervision Contract

Fellow name: _____ **Rotation/clinic name:** _____

Supervisor name: _____ **Date:** _____

Psychology Fellow: *I agree to the following conditions and procedures related to supervision:*

1) Take supervision time seriously, be on time and prepared to ask and respond to questions/concerns
2) Practice ethically, legally, and professionally as outlined by APPIC, APA, and the Maryland Board of Psychologists
3) Be open and honest (sharing successes, deficits, and mistakes) and willing to accept constructive feedback
4) Comply with all clinic and program policies, procedures, and paperwork, including volume expectations
5) Ask for help on cases and paperwork when needed
6) Actively participate in the supervision process by setting goals, planning, and identifying criteria for success
7) Provide the supervisor with honest feedback about supervision and the supervisory process
8) Always work within the limits of my competency, skills, and training
9) Be respectful of and abide by confidentiality, required reporting, and related regulations (HIPAA, Joint Commission)
10) Strive to be self-aware and willing to work toward professional growth and competence
11) Communicate concerns directly with my supervisor and, if needed, also with the consortium director of training and/or associate directors of training.

Supervisor: *I agree to the following conditions and procedures related to supervision:*

1) Orient supervisees to supervision and the supervisory process, including setting goals, planning, and identifying criteria for success.
2) For *primary supervisors:* Ensure that my supervisee receives a minimum of 2 hours of face-to-face (video permitted amid COVID-19 pandemic) individual supervision and a minimum of 2 hours of other supervision (which may be done in a group setting, via telephone, etc.) per week. This supervision may be provided by other supervisors, but I will work with the fellow to ensure that this requirement is met.
3) Consistent with VAMHCS Education Policy 512-14/E&AA-009, "Supervision of Associated Health Trainees", conduct a developmental skills assessment of fellow's strengths and areas of growth at the beginning of the supervisory relationship. The skills assessment will inform the fellows' training plan and determine the general type of supervision (e.g., room, area, or available). If the level of supervision should change for any reason during the rotation, this will be discussed openly in supervision and the supervision contract will be revised as necessary. I have assessed the trainee's clinical skill level needed for this rotation and determined that at this time they require the following level of supervision for clinical activities on this rotation:

   ___Room ____ Area ____Available

   *see separate form

4) Supervise according to high ethical, legal, and professional standards as outlined by APPIC, APA and the Maryland Board of Psychologists.
5) Take the supervision time seriously, be on time, and be prepared to address questions/concerns.
6) Share relevant resources with the supervisee and teach evidence-based skills as part of supervision.
7) Take a strengths-based approach with a focus on both successes and challenges.
8) Comply with all documentation and correspondence/external communication requirements (specified by COMAR, Psych Associate, Joint Commission etc.), including documenting supervision and signing off on clinical records and external correspondences.
9) Seek consultation/support on best practices in supervision and on issues outside of my expertise.
10) Provide the supervisee with honest and constructive written and verbal feedback about their work at regular intervals Evaluations will be reviewed during individual, face to face supervision.
11) *Primary supervisors*: Please indicate fellow's supervision schedule. Please include the supervision that you will provide as well as any other supervision that the fellow is scheduled to receive (*e.g.,* supervision at other clinics or on minor rotations) so that this is a *complete* list of the supervision the fellow will be receiving.

Day of the week	**Time**	**Mode** (individual, group, in person)	**Supervisor name**	**Frequency**	**Duration of supervision sessions**

12) Be available to address crisis situations during non-supervisory times.
13) Help support ethical practice and work with supervisee toward professional growth and competence.
14) Comply with supervisory guidelines and expectations established by the Psychology Training Program Committee
15) Keep the Psychology Training Committee apprised of fellow progress by completing evaluations when they are scheduled and notifying the training committee if serious deficiencies that are in need of remediation are identified prior to scheduled evaluations.

The following rotation/clinic-specific competencies have been agreed upon as training goals that the supervisor and supervisee will address during the rotation/training year (Please identify several competencies below that the fellow can expect to be evaluated on several times throughout the training experience):

1. Competency:_____
   _____
   _____
2. Competency:_____
   _____
   _____
3. Competency:_____
   _____
   _____

I have reviewed the specific goals and skills for this rotation with the supervisee:

_____ Yes _____ No

My signature below indicates that I have read the Supervision Contract and agree to abide by its terms.

_____ _____

Fellow Date

_____ _____

Supervisor Date

VAMHCS
PSYCHOLOGY TRAINING PROGRAMS

Graduated Levels of Responsibility for Psychology Trainees

Supervisee: _____ □Extern □ Intern □Fellow
Rotation/Placement: _____ Date: _____

Rating Time Point: initial rotation change/ midyear/annual remediation Other:_____

In accord with VHA Handbook 1400.04 *Supervision of Associated Health Trainees* and its supervision requirements related to graduated levels of responsibility for safe and effective care of Veterans, we have evaluated the above individual's clinical experience, judgment, knowledge, and technical skill, and we have determined that the trainee will be allowed to perform the following clinical activities within the context of the below assigned levels of responsibility.

As part of this evaluation, at the initiation of new clinical activity (e.g., new clinical placement or rotation) the supervising practitioner (licensed psychologist) directly observed at least one trainee clinical encounter to determine level of supervision required. Changes to level of supervision as a result of remediation or skill development (i.e., greater autonomy) will be documented through the completion of a new form.

Supervision Levels
Room: The supervising practitioner (SP) is physically present in the same room while the trainee is engaged in health care services.
Area: The SP is in the same physical area and is immediately accessible to the trainee. SP meets and interacts with veteran as needed. Trainee and SP discuss, plan, or review evaluation or treatment. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.
Available: Services furnished by trainee under SP's guidance. SP's presence is not required during the provision of services. SP available immediately by phone or pager and able to be physically present as needed. This type of supervision is permissible only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.

Please indicate a level of supervision for each clinical activity the supervisee is performing. Ultimately, the supervising practitioner determines which specific activities the trainee will be allowed to perform within the context of these assigned levels of responsibility.

Activity Types	Level of Supervision		
General Clinical Activity	**Room**	**Area**	**Available**
Diagnose within the Scope of Psychology			
Psychological Testing			
Psychotherapy			
Consultation/Liaison			
Crisis Intervention			
Prevention (UM only)			
Specialized Clinical Activity			
Neuropsychology			
Geropsychology			
Cognitive Rehabilitation			
Biofeedback			

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

Supervisee Name: _____

Supervisee Signature: _____ Date: _____

Training Director Name: _____

Training Director Signature: _____ Date: _____

APPENDIX D: SUPERVISOR/ROTATION FEEDBACK FORM

VAMHCS Psychology Training Program Supervisor/Site Feedback Form

Student Name: _____ **Supervisor Name:** _____

Rotation/Clinic: _____ **Date:** _____

Evaluation Period:

VA Fellows: Initial ☐ Final ☐

Please use the scale provided below to rate your current supervisor and rotation/site:

***UN**	**Unacceptable**	Supervisor/site is performing *far below* my expectations within this domain. Supervision is consistently inadequate within this domain and/or poses potential harm to patients or trainees (e.g., ethical violation such as breach of confidentiality, boundary violations; hostile work environment).
***BE**	**Below Expectations**	Supervisor/site is performing *slightly below* my expectations within this domain. Supervision is, at times, inadequate in meeting the trainee's needs within this domain. This domain is a clear area for growth.
ME	**Meets Expectations**	Supervisor/site meets my expectations within this domain.
SE	**Slightly Above Expectations**	Supervisor/site *slightly* surpasses my expectations within this domain.
EE	**Significantly Exceeds Expectations**	Supervisor/site *greatly exceeds* my expectations within this domain.
N/A	**Not Applicable**	This area/domain is not applicable/does not apply.

***IMPORTANT**:* Please note that any "unacceptable" (UN) ratings may automatically trigger follow-up action by the training director. Thus, this rating should be reserved for circumstances in which you believe the supervisor's behavior/aspects of your training site may pose potential harm to patients or trainees.

**Please provide a brief explanation in the comments section for any domain with a rating of UN or BE. You may use the comments section to explain other ratings, whenever necessary.*

QUALITY OF SUPERVISION

Category 1: Supervisory Process / Working Alliance

My supervisor…	Rating					
	UN	BE	ME	SE	EE	N/A
Set clear expectations at the outset of the rotation/year.	☐	☐	☐	☐	☐	☐
Expressed interest in and commitment to my growth as a clinician.	☐	☐	☐	☐	☐	☐
Appeared open to feedback (e.g., I felt "safe" expressing positive and negative feelings regarding supervision) AND adequately responded to this feedback (e.g., implemented changes or addressed differences in opinion), as needed.	☐	☐	☐	☐	☐	☐
Provided feedback in a constructive/tactful manner.	☐	☐	☐	☐	☐	☐

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 2: Supervisory Responsibilities

My supervisor…	Rating					
	UN	BE	ME	SE	EE	N/A
Was at supervisory meetings promptly and reliably.	☐	☐	☐	☐	☐	☐
Was available for supervision outside of regularly scheduled meetings (e.g., spot supervision, urgent/emergent situations, phone consultation).	☐	☐	☐	☐	☐	☐
Provided feedback in a timely manner.	☐	☐	☐	☐	☐	☐
Educated me about expectations with respect to roles,	☐	☐	☐	☐	☐	☐

documentation, and policies (e.g., confidentiality, etc.)						
Collaboratively developed a plan to meet my training goals/needs at the start of the rotation, and reviewed throughout the course of supervision.	☐	☐	☐	☐	☐	☐
Helped me navigate/problem-solve any challenges I encountered within the rotation (e.g., time management concerns, etc.).	☐	☐	☐	☐	☐	☐
Ensured that I had the resources necessary to perform my rotation-related duties (e.g., keys, office space, manuals, computer access, etc.).	☐	☐	☐	☐	☐	☐

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 3: Supervisory Content

In supervision, my supervisor…	Rating					
	UN	BE	ME	SE	EE	N/A
Discussed ethical issues/concerns and legal matters.	☐	☐	☐	☐	☐	☐
Discussed case conceptualization.	☐	☐	☐	☐	☐	☐
Discussed client diversity & case conceptualization in context of diversity-related client factors.	☐	☐	☐	☐	☐	☐
Discussed/provided education about risk issues and their documentation (e.g., suicide and homicide risk assessment, reporting child abuse, etc.).	☐	☐	☐	☐	☐	☐
Encouraged me to engage in scholarly inquiry/reference the literature.	☐	☐	☐	☐	☐	☐
Provided opportunities for training in theories and methods of psychological diagnosis and assessment.	☐	☐	☐	☐	☐	☐

Provided guidance in the administration of empirically supported treatments, based on the client's presenting problems.	☐	☐	☐	☐	☐	☐
Provided tiered clinical supervision ("supervision of supervision").	☐	☐	☐	☐	☐	☐

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 4: Use of Supervisory Tools

Note: For Category 4, please indicate whether or not a given supervisory tool was used by your supervisor by checking the "Yes" or "No" box. If the tool was used by your supervisor (e.g., you checked "Yes"), please rate how effective your supervisor was in using that tool. Mark "N/A" if a tool was not used by your supervisor.

My supervisor made effective use of…	Used in Supervision?	Rating					
		UN	BE	ME	SE	EE	N/A
Modeling skills (e.g., role play exercises, etc.).	Yes ☐ No☐	☐	☐	☐	☐	☐	☐
Live supervision when co-leading groups.	Yes ☐ No☐	☐	☐	☐	☐	☐	☐
Live supervision in other clinical contexts (e.g., observation of assessment, clinical interviews, individual sessions, etc.).	Yes ☐ No☐	☐	☐	☐	☐	☐	☐
Audio recordings.	Yes ☐ No☐	☐	☐	☐	☐	☐	☐
Sharing their own case material/past experiences with clients, when appropriate.	Yes ☐ No☐	☐	☐	☐	☐	☐	☐
Specific didactic materials (e.g., readings, trainings) that were effective in expanding my knowledge base in the field and/or rotation specialty area.	Yes ☐ No☐	☐	☐	☐	☐	☐	☐

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No ☐

**Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 5: Professional Development

My supervisor…	Rating					
	UN	BE	ME	SE	EE	N/A
Guided me in becoming a valued member of the treatment team/clinic.	☐	☐	☐	☐	☐	☐
Encouraged me to demonstrate greater autonomy, as my capabilities and skills allowed.	☐	☐	☐	☐	☐	☐
Discussed development of my professional identity as a psychologist in the treatment context (e.g., interdisciplinary team, school, clinic, etc.)	☐	☐	☐	☐	☐	☐
Encouraged application of current scientific knowledge to clinical practice.	☐	☐	☐	☐	☐	☐
Provided opportunities for training in professional communication and consultation.	☐	☐	☐	☐	☐	☐

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No ☐

**Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 6: Assistance in Meeting Rotation-Specific Training Goals

Please Note: This section provides you the opportunity to evaluate your supervisor's effectiveness in teaching/supervision of the training goals set forth at the beginning of the rotation/year. Please refer to the Psychology Trainee Competency Assessment Form to fill in your training goals for the rotation below.

The supervisor demonstrated developmentally appropriate and constructive feedback in teaching/supervision of the following treatment modalities/skills, which represent the core focus of this rotation:	Rating					
	UN	BE	ME	SE	EE	N/A
1.	☐	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐	☐

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 7: Supervisory Outcomes

As a result of the supervision I received on this rotation with this supervisor…	Rating					
	UN	BE	ME	SE	EE	N/A
I feel more confident with respect to my clinical knowledge.	☐	☐	☐	☐	☐	☐
I feel more confident in my clinical skills/abilities.	☐	☐	☐	☐	☐	☐
My competence in clinical assessment has increased.	☐	☐	☐	☐	☐	☐
My competence in the delivery of therapy has increased.	☐	☐	☐	☐	☐	☐

I have become more autonomous in my professional activities.	☐	☐	☐	☐	☐	☐
I feel more prepared for the next step in my career (e.g., postdoctoral fellowship, staff psychologist, faculty position).	☐	☐	☐	☐	☐	☐

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No

☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 8: Overall/Global Rating of Supervision

Overall…	Rating					
	UN	**BE**	**ME**	**SE**	**EE**	**N/A**
The supervisor fulfilled his/her supervisory responsibilities.	☐	☐	☐	☐	☐	☐
The supervisory content was effective in meeting my training needs for the rotation.	☐	☐	☐	☐	☐	☐
The supervisor adequately addressed diversity issues in supervision.	☐	☐	☐	☐	☐	☐
The supervisor provided adequate assistance in my development as a scientist-practitioner.	☐	☐	☐	☐	☐	☐
The supervisor provided adequate assistance in my professional development.	☐	☐	☐	☐	☐	☐

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No

☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

What were the best aspects of supervision (e.g., specific strengths)?

What aspects of supervision could use the most improvement (e.g., specific growth edges)

Please note your summary recommendation for this supervisor for future trainees.

*Do Not Recommend** *Recommend* *Recommend Without Hesitation*

☐ ☐ ☐

*Please provide comments:

QUALITY OF ROTATION/CLINIC SITE

My current site/rotation provided…	Rating					
	UN	**BE**	**ME**	**SE**	**EE**	**N/A**
Sufficient orientation to its mission, policies, and general procedures.	☐	☐	☐	☐	☐	☐
Training opportunities in line with my training goals.	☐	☐	☐	☐	☐	☐
Resources needed to perform rotation/clinic-related duties (e.g., office space, books/manuals, computer access, etc.).	☐	☐	☐	☐	☐	☐
A sense of being an integrated/valued member of the treatment team.	☐	☐	☐	☐	☐	☐
Proper safety measures to protect against potentially threatening situations (e.g., shuttle to parking garage, etc.).	☐	☐	☐	☐	☐	☐

Have you provided feedback to your site regarding any items rated "UN" or "BE"? **Yes** ☐ **No** ☐

**Please note that discussing these items with your supervisor is <u>not</u> required, though typically encouraged.*

Comments:

Aside from the supervision you received on this rotation…

What were the best aspects of this rotation/clinic site?

What aspects of the rotation/clinic site could use the most improvement?

Please note your summary recommendation for this rotation/clinical site for future trainees.

*Do Not Recommend** *Recommend* *Recommend Without Hesitation*

☐ ☐ ☐

*Please provide comments:

Acknowledgment & Signatures

I have discussed the supervisor's strengths and growth edges as well as the best aspects and areas for improvement in the rotation with my supervisor as of this date. Yes ☐ No ☐

Student Signature _____ Date _____

Training Director_____ Date _____

Moira Dux, Ph.D.

VAMHCS/UMB Psychology Training Program
Supervisor/Trainee Discussion Guidance Form

In addition to considering specific strengths and growth edges you identified using the supervisor evaluation form, please use the following questions to help guide your discussion of supervision with your supervisor. Importantly, this form is only meant to help guide your discussion – you are not required to share this form with your supervisor.

- What did you find most helpful in supervision?

- What aspects of your supervisor's approach to supervision have been most useful/ effective in your development as a scientist-practitioner?

- What would you like **more** of in terms of supervision*?

Aside from the supervision you received on this rotation…

- What aspects of your clinic/site have been most useful/effective in your development as a scientist-practitioner?

- What aspects of the rotation/clinic site could use the most improvement*?

**Small Disclaimer: Discussing what you would like more of (e.g., "Please listen to every minute of every session and provide me with detailed written feedback!") does not guarantee that this will happen. BUT it may be helpful in starting a conversation about your training needs and how your supervisor can support you in meeting those needs.*

APPENDIX E: Postdoctoral Residency Admissions, Support, and Initial Placement

Date Program Tables are updated: September 2022 (revised in January 2023 to reflect stipend increase)

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	_____ **Yes** __X___ **No**
If yes, provide website link (or content from brochure) where this specific information is presented:	

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
Psychology training programs in the VAMHCS adhere to the scientist-practitioner model. Instruction in assessment, treatment, and research is grounded in current empirical knowledge and practice standards, expert consensus, and guidance from relevant professional organizations to encompass the state-of-the science. The overarching goal of fellowship training is to develop independent psychologists who apply scientific method and knowledge to assessment, education, and treatment. The VAMHCS Clinical Psychology Fellowship Program is one year and is designed to allow the fellow to gain experience in a specific area of emphasis. The fellowship program adheres to the Guidelines and Principles for Accreditation of Programs in Professional Psychology, with respect to providing "education and training in preparation for entering professional practice at an advanced level of

competency," consisting of a sequence of clinical activities that are "characterized by greater depth, breadth, duration, frequency, and intensity" than internship training. The program is designed to prepare fellows for clinical careers and leadership in a VA setting.

Each fellow participates in a combination of direct clinical service provision (i.e., psychological assessment, individual and/or group psychotherapy, clinical consultation, etc.), clinical research, didactics, and training in supervision. The specific number of hours allotted to each of these training areas varies by fellowship track. For more detailed information, please refer to the track-specific descriptions the brochure. Fellowship training is full time (40 hours/week) for one training year.

Describe any other required minimum criteria used to screen applicants:
This fellowship program will accept applicants who received a doctorate from an APA-, CPA-, PCSAS-accredited clinical, counseling, or combined program. Individuals with a doctorate in another area of psychology who meet APA criteria for re-specialization training in clinical or counseling psychology are also eligible. Applicants must have have completed an APA- or CPA-accredited clinical psychology internship or a VA-sponsored psychology internship. All fellows will be required to have completed all graduate coursework and their dissertation by the start of fellowship training and will have participated in active research programs, usually with resultant presentations/publications. In accordance with VA guidelines, we are unable to consider applications from anyone who is not curretnly a U.S. citizen. Applicants who were noted as male on their birth certificate, regardless of current gender, must have registered with the Selective Service System by age 26 (and provide proof of registration) to be eligible for any US government employment, including selection as a paid VA postdoctoral fellow. Postdoctoral fellows are subject to fingerprinting, employee health screening, verification of educational credentials, and background checks. Applicants may be required to pass a urine screen for illegal drug use, should HR request it under their random testing program of new appointees. Failure to meet these qualifications could nullify an offer to an applicant. Those who do not meet these eligibility requirements will be notified by the site as soon as possible.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	$58,866	
Annual Stipend/Salary for Half-time Residents	N/A	
Program provides access to medical insurance for resident?	**X Yes**	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	**X Yes**	No
Coverage of family member(s) available?	**X Yes**	No
Coverage of legally married partner available?	**X Yes**	No
Coverage of domestic partner available?	**X Yes**	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	Accrue 4 hours every 2 weeks (208 hours)	
Hours of Annual Paid Sick Leave	Accrue 4 hours every 2 weeks (208 hours)	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	**X Yes** (determined on a case-	No

	by-case basis)	
Other Benefits (please describe): 11 Federal Holidays/year. 40 hours of professional development leave to attend conferences, workshops, or other educational activities. Fellows may also apply for up to $1000 of tuition/travel expenses for training or conference experiences consistent with their training goals.		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021	
Total # of residents who were in the 3 cohorts	13	
Total # of residents who remain in training in the residency program	0	
	PD	**EP**
Academic teaching		
Community mental health center		
Consortium		
University Counseling Center		
Hospital/Medical Center		1
Veterans Affairs Health Care System	1	10
Psychiatric facility		
Correctional facility		
Health maintenance organization		
School district/system		
Independent practice setting		1
Other		

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.